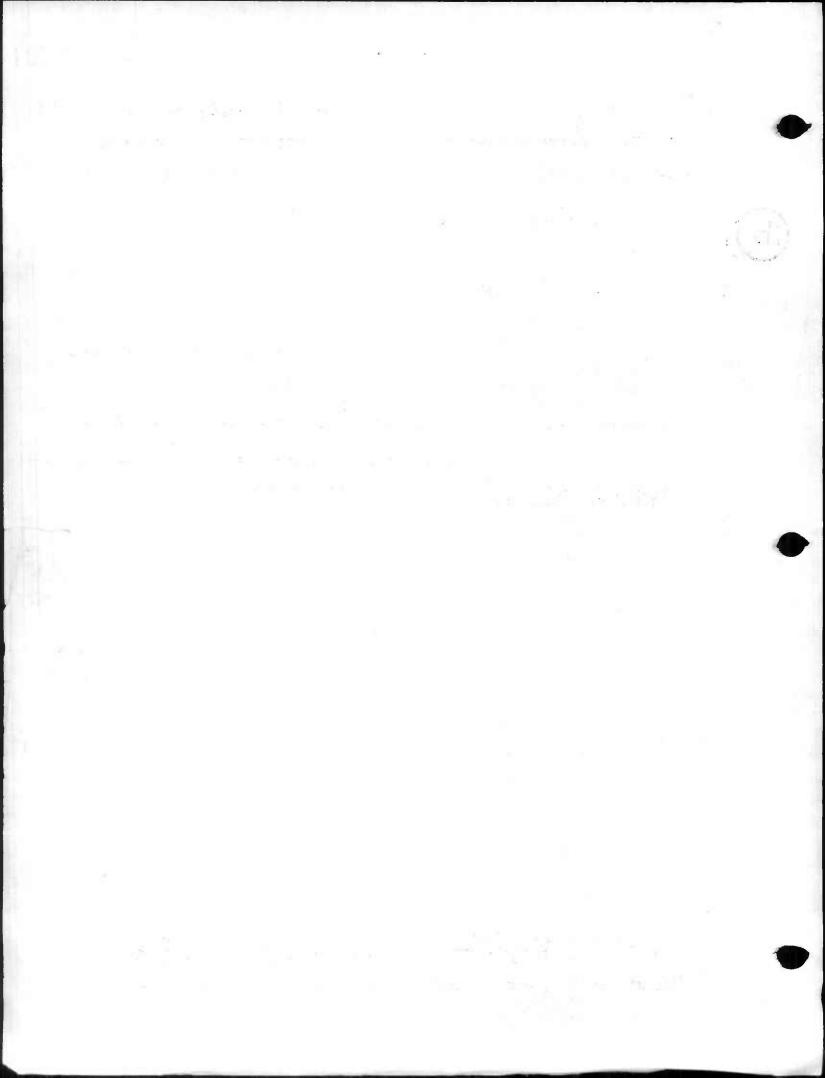
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Deceder's Nerse (First, Middle, Last) Collins Jr. Mode of Death Mo
BIRLEY Color Col
Feelily Name (In in institution, give street and number) ## PENTINSULA REGIONAL MEDICAL CENTER 5. Social Security Number 6. See: 21 7. Aga (in yrs. test birthout) 10. Modern 1 year 10. State 10. State 10. County 10. County 10. County 10. County 10. State 10. County 1
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1.1. Marital Slatus 1.2. Was Decedent Ever in U.S. Amed Forces 1.3. Wes Decedent of Hispanic Origin? (Specify Yes or No. 11 A Race - American Indian, Black, White, etc. Specify: Black 1.2. Was Decedent's Education
Topic Company Content Company Compan
19e. Informent's Name/Reletionship (Type, Print) Beatrice Collins 20e. Method of Disposition 12 Street of Disposition 12 Comment of Steel 2 Comm
19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stefe, Zip Code)
19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stefe, Zip Code)
Burley Collins, St. 19e. Informent's Name/Reletionship (Type, Print) Beatrice Collins 20a. Method of Disposition 13D Suried 2 Cremation 3 Removal from Stete 4 Donelton 5 Other (Specify) 21. Signature of Fineral Sarvice Licensee 22. Neme and Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Macedonia Church Cemetery, Vernetory or other place) Macedonia Church Cemetery 5/11/96 Westover, MD 21. Signature of Fineral Sarvice Licensee 22. Neme and Address of Facility Bennie Smith Funeral Home 819 4th Street, Pocomoke City MD 21851 23a. Part I Enter the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, intervied Betwee Orisest and 20 cause (Pinel disease or conditions resulting in deeth) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of 10 years of 10
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Beatrice Collins Beatrice Collins Elm Street, West Ocean City, Maryland 21042
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25. Wes case referred to medical axaminer?
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1 Carlotteria 5 Pending (Month, Day Year) 1 QAccident investigation (Month, Day Year)
3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Spacify) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Spacify) 28f. Location (Street end Number or Rural Routa Numb
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 20 Madical Examiner: On the bast of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) and manner stated.
29b. Signeture end title of certifier 29c. License number 29d. Data signad (Month, Dey, Year)
0-97/9 5/7/8/
30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)
WILLIAM ROBINS, M.D. 1104 MEALANNY DR. SAUSBURY, MO 6/801
State 31. Data filad (Month, Day, Year) 32. Registrer's Signeture

State

Registrar

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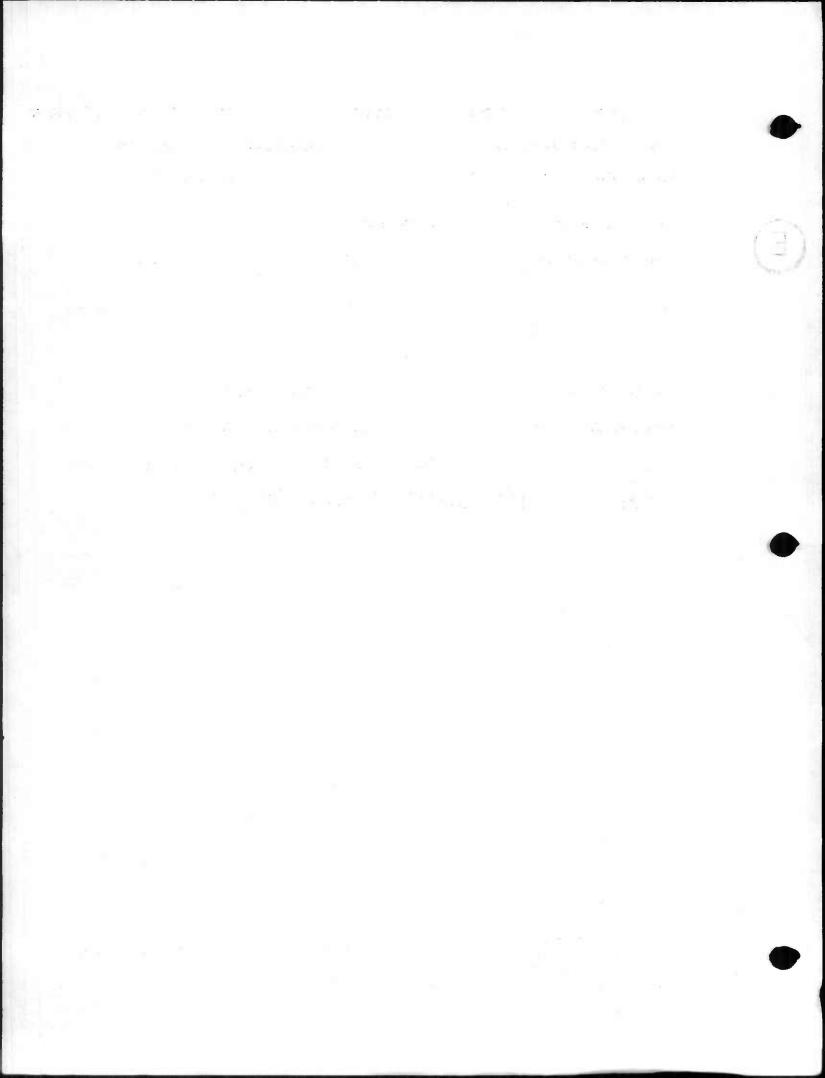


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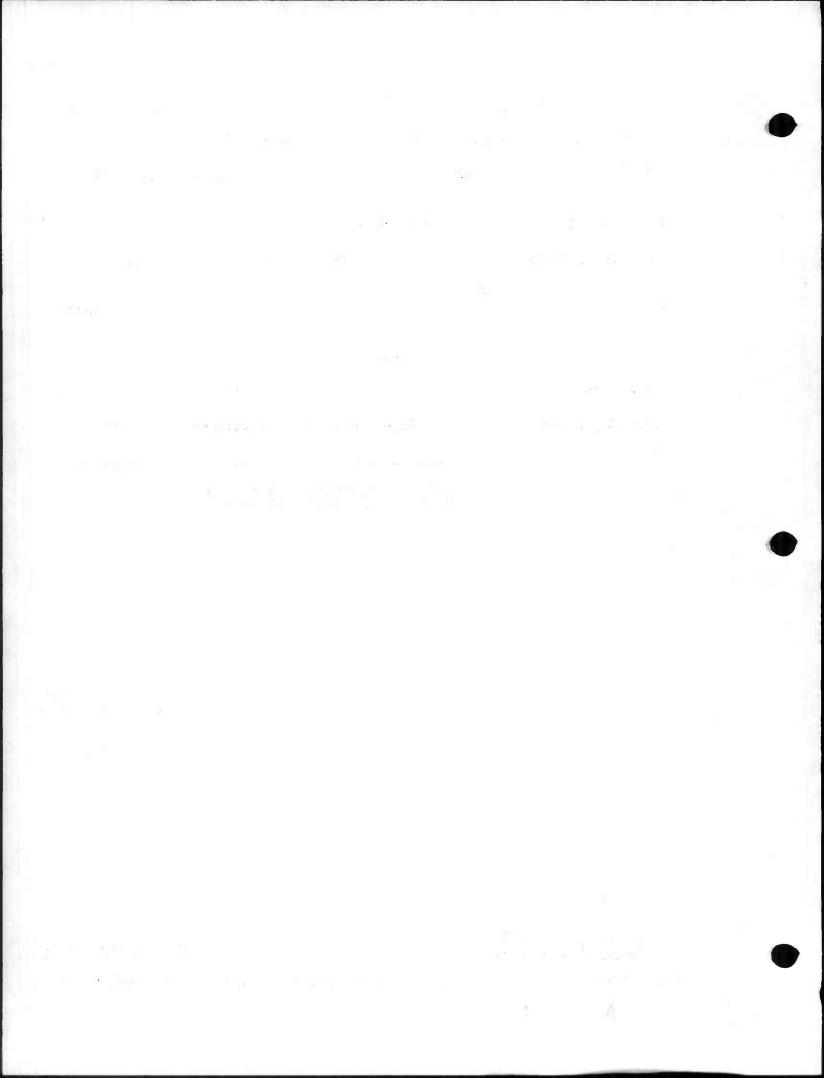
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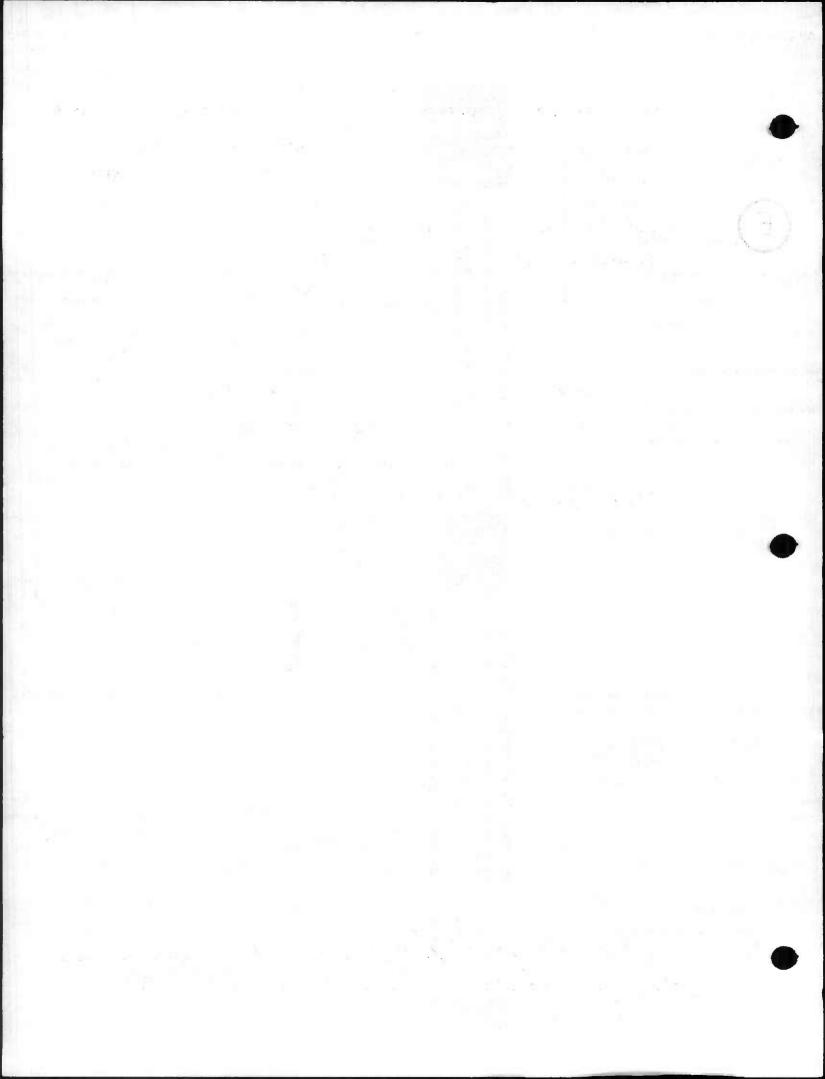
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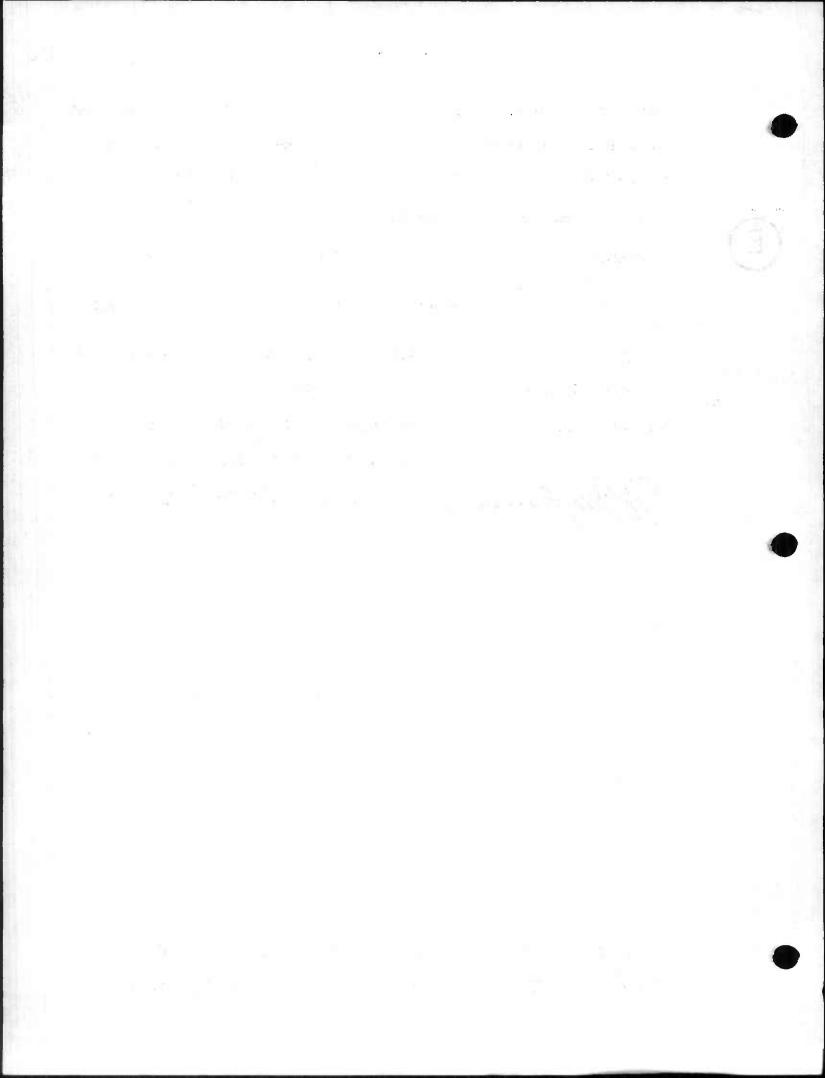
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To B	1	axaminar? 1 □ Yas 2 ☑ No	Hospitai:	Inpatiant 2 1	ER/Outpatient	3□ DOA	Other:			sidanca 6 🗆 O	ther /Spanis	41
		Manner of Death			28b. Time of	3LI DUA	4UN	mand Ho		how Injury occu		"
io		Natural 5 Pandi		e of Injury onth, Day Year)	Injury	28c. In		lNo	_00. 0000100	on anjury occu		
cat		Trooldant	tigation				□Yas 2□	I NO				
1			mined 28a. Piac	ca of Injury - At ho ding, atc. (Spacify	ma, farm, stra	at, factory, offic	a		28f. Location City or To	(Straat and Nun own, State)	ber or Rure	Route Number,
Certification:			Jan	g (spaon)						, , , , , ,		
	29e	Certifiar 1 Certifyi	ing Physician: To th	a best of my know	rledge, death	occurred et the	time, dete er	nd plece.	end due to the	e ceusa(s) and r	nanner as st	eted.
Medical		(Check only one) Medical	I Examiner: On tha	basis of axaminati	on and/or inv	estigetion, In m	y opinion, das	ath occur	red at the time	, date and plece	, and due to	the cause(s)
Me	29b	Signature and titla of certifie			1	29c. Lica	nsa number			29d. Date sign	ed (Month	Dev. Year)
		1/2000	Allal	m of	7 m	0 -		_ 1		-		
		· UNWA	10 9/	11/	1 000	/ Do	2495	5 /		APRIL	30.	1996
	30. [lama and eddrass of person	who completed car					1	Δ .			
	16	hana OH	M.95.4	87251	Tori	race 1	rost	burn	MD	2153	2	
				M-								
State	31. 1	Data filed (Month, Day, Year	32,	Registrar's Signat	ura Randal			,				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

							Cei	rtificate of		· · · · · · · ·	Reg. No.		
	Physic	an	1. Decedant's Neme		· .					2. Dete of De Month	eth Dey	Yaer	3. Tima of Death
	/Medi		JOHN .	JOSEPH	DELPR	IORE				5		96	2035
ال	Examir	ner	4e. Facility Neme (If r	ot Institution, g	ive straet and nur	nber)			4b. City, Town, or	Location of Death	4c. County	of Death	
			Atlanti	c Gene	ral Hosp	ital			Berlin		Wor	ceste	er
	Funeral		5. Sociei Security Nur	mber 6.	Sax 1XX M 2□ F	7. Age (In yrs. I		If Undar 1 Yaa Months Days		8. Data of Birl (Month, De	h v. Year)		olaca (State or Foreign
١.	Director		101-03-7 Usuel Residence of D		IZJM ZLIF	76	Yrs.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11/15	/19		NY
	M M		10a. State	10b. County		10c. City	, Town or Lo	cation				1	Od. Inside City Limits
1		ctor	MD	Worc	ester		Berlin						1 Yas 2 No
(1	Funeral Director	18 Anch	- T	Dr.			10f. Zip Code 2181	1		10g. Citizen of V USA	Whet Cour	ntry?
20	s after de , or flams agriner m	by Funer	11. Meritel Status 1 Nevar Marriac 3 Widowed 4		Armed For 1 X Yes If Yes, Giv	2 □ No e		Wes Decedent of f Yes, specify Cu 1 ☐ Yes 2 🕱 No	Hispanic Origin? (S ben, Mexican, Puart Specify:	pecify Yes or No- o Rican, atc.)	14. Rac Biad Specify	ck, White,	
21215-0020	thurs!			5. Decedent's		otes: 1942-		fant's Heust Occi	ination		16b. Kind of B		nite
5	in 72 In a collection	Completed	(Specify	only highest g	rade completed)		(Give	kind of work done DO NOT use retire	upation e du <i>ring most of wor</i> ed)	king	TOD. KING OF BO	usii 1653/11 11	Justiy
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D	H P T B	0	17. Fethar's Nama (F	rst, Middle, Las	st)				18. Mother's Ner				
Maryland	id be ental	To Be	Pasquale	e DelPr	iore				Marie M	Marro			
3	M bd M	-	19e. Informent's Nam				19b. Meilir	na Address (Stree	et end Number or Ru		er. City or Town.	State Zin	Code)
ž	27年		Catherine	DelPr	iore				Way Dr.			811	
ē,	other		20e. Mathod of Dispos		101 C	20b. Pi	ace of Dispo	sition (Neme of		Date	20c. Location -		own, Stete
Baltimore,	artment of ortant: If injury or		4 Donation 5	Othar (Spec	The second		Veter		netery 5/1	10/96	Hurloc	k, M	iD
Bal	Departimon any in		21. Signature of Fund	ray gervice Lio	Bush	,	22	. Nama and Addi	В	urbage			ie
			23a Page Breetle	displace, or oo	mplications that of	used the death	. Do not ent		illiams St			1811	Approximete interval Between
d	Physician		arrock, or heart	amure. Est on	y one cause on g	sch line.						į	Interval Between Onset and Deeth
9	/Medicai		Immediate Cause (Fi	nel			0					i i	10 2
	Examiner		diseese or condition resulting in death)		θ		es e conseq					- 1/	nine
		ē				Due to (or	es e conseq	juence of):				į	n
	d d ansit	Examiner	0	•	b. ———	Dua to for	as a conseq	Len	<u> </u>			-	Day
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260	icate be executed physician and s the buriel-transit	edicai	Sequentially list cond if eny, leeding to imm cause. Enter Underly Ceuse (Disease or in that initieted events	ury 《	0	Die to for	as a conseq	م مرب	2	buch		- 1	
x 68760,	₽ 0 a	90	resulting in death) Le	st L		elle		uence crj:	and.	Van.	2		9
Box	atten for us	clan										!	
P.O.	the d	ysi	Part II. Other significa	int conditions	contributing to de	ath but not resu	iting in the ur	nderlying cause g	iven in Pert I.	23b. Did t	obacco use co	ntribute to	the cause of death?
	ned by a deta	y Ph	(5 Nes	of to	uil com	Del	_			10'	Yes 2□ No	3 Pro	bably 4 Unknow
Records,	The lew requires thet the deeth cer ate has been signed by the attendin page 2 should be detached for use	Completed by Physician/	2 (a	real	Her	Far	P			24a. Was perfor	an autopsy med?	av	era autopsy findings ailable prior to
Rec	9 8 N	mple	10	5		-	11	,		100000		of	mpletion of causa deeth?
8	r: Th icate		21 0	8	- Ou	-de	S			10)	es 21 No	1[Yes 20 No
<u>\rightarrow</u>	Iclar certif recto	Be	25. Was case referred examiner?		Hospital:			0	26. Place of Dea				
of	Physician: rthis certific ral director,	2	1 ☐ Yes 2 ☐ No 27, Manner of Death	1	1 D k		ER/Outpatien	I SEI DON	4 LJ Nursing H	ome 5 Resid			v)
Division of Vital	Attending In deeth. actor: After by the funer	Certification:	1 Chalfural 2 Accident	5 Pending investigation	on	Day Year)	28b. Time of Injury	28c, Inju We M 1[ary at ork?] Yes 2 □ No	28d. Describe I	now injury occur	red	
DIV	s efter d i Diract d in by	Sertific	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	28e Place	of Injury - At hor g. etc. (Specify	me, farm, stre	eet, factory, office	,	28f. Location (S City or Tow		er or Rura	d Route Number,
	To the Hospital or Attending Physician: The is within 24 hours effer deeth. To the Funeral Diractor: After this certificate ha completely filled in by the funeral director, page	edical C	29e. Certifier 1 (Check only 2 one)	Certifying P	hysician: To the I miner: On the ba and menn	sis of examineti	viedge, deeth on end/or inv	occurred et tha t restigetion, in my	ime, dete end plece opinion, deeth occu	, end dua to tha c rred at the time, c	ceuse(s) end me dete end pieca,	enner es si and due to	leted. the cause(s)
	To the Within To the comple	Me	29b. Signeture end titi	e of certifiar	wind Intelli			29c. Licen	ise number		29d. Date signe	d (Month.	Dey, Year)
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		181		the	1) 9	De			Udelde		0/1	176	
		C	30. Name and address	of person who	4000			Print)	1.56	100 O.			
			31. Dete filed (Month,	Day Vas-1		e C M		201	15 (4)	Vn ()	150	/	
	Sta Registr		MA		996	gistrer's Signati	or Rande	II.					



1	-	FOR STATE REGISTR
i	1. D	ECEDENT'S

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEI	Z L HELV	CALE	DEA	I H	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF D	EATN DAY		YEAR	3. TIME OF DEATN
	Clarence E	dward Dill		٠				May 8	-		YEAR	0101 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lest b	irthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTN			PLACE (State or Foreign
	219-16-5231	1 M 2 D F	72	YRS.	NONTHS DAYS	HOURS	MIN.	June 1		23	Country	aware
	9a. FACILITY NAME (If not institution, give :		12		9b. CITY, TOW	OR LOCATI	ON OF DE		, 19		NTY OF DE	
Œ	R						011 01 01		- 1			-AIN
5	110 Normira Ave	enue			E1kt	on				C	<u>ecil</u>	
DIRECTOR	10e. STATE 10b. COUNT			10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY
능	Maryland Co	ecil		E	lkton						İ	LIMITS?
-	10e. STREET AND NUMBER			-		of, ZIP CODE			T	10a CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	110 N								- 1			TIAT COOKTATT
Z	110 Normira	Avenue 12. WAS DECEDENT EV					921				USA	
	1 Never Merried 2 Merried	FORCES? 1	YES 2 NO	:0	If yea,	specify Cube	n, Mexice	IIC ORIGIN? (Sp n, Puerto Ricen	ecify Year etc.)	or No—	14. RACE Black	— American Indian, White, atc.
ΒY	3 Widowed 4 Divorced	WW TT	OR DATES		1 🗆 YI	S 2 NO	Specify	r:			Specif	White
ED	15. DECEDENT'S EDU		16a DECE	DENT'S II	SUAL OCCUPA	PION		405 1000				
E	(Specify only highest grade	completed)	(Give	kind of wo	ork done during i retired.)	nost of working	g	100. KINI	OF BUSI	NESS/IND	USTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	1 22					_		_	_	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)			Sales	sman				tail		ber	
						16. MOTI	HER'S NA	ME (First, Middle	, Meiden S	lumame)		
BE	Sudler Dill, St	c.		_				Georg				
ဝ	19a. INFORMANT'S NAME (Type/Print)		196. 1	AAILING A	DDRESS (Stree	and Number	or Rural I	Route Number, Ci	ity or Town,	State, Zip	Code)	
	Verona E. Dill							1kton,				
	20e. METHOD OF DISPOSITION 1 52 Burlel 2 Cremetion 3 Rem	oval from State	20b. PLACE ANI	DATE OF	DISPOSITION /	Vame of		DATE	20c. LOC	ATION —	City or Tov	vn, State
	4 Donation 6 Other (Specify)		Cherry	Hil!	Metho	dist	Cem.	3661	Che	rry	Hill	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME	AND ADDRES	SS OF FA	CILITY				
	· Daniel	2 +1.	2					r Fune		m 1 s		1m 01001
	23. PART I. Enter the diseesea, or	complications that as	veed the death	Do	103	W. SE	ockt	on Str	eet,	EIK	ton,	MD 21921
	ahock, or heart feilure.	Liet only ona cause	on aach line.	n. Do no	t enter tha n	loae or ayı	ng, suci	n aa cardiec (or reapin	atory arr	est,	Approximate interval Batween
	iMMEDIATE CAUSE (Finel disease or condition	200				Α .	- 0	0 = -				Onset and Death
	resulting in death)	· PK013	ABLE		14141	IAC	ALC	ILES I				
		a. PROB DUE TO (OR D. CORON	AS A CONSEQUE	ENCE OF)								
Z	Sequentially liet conditions.	a CORON	JARY	AK	LTER	4 01	5 26	TSE				
Ĕ	if any, leading to immediate	DUE TO (OR	AS A CONSEQUE	ENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	с										
Ë	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEOU	ENCE OF):								
CERTIFICATION		d										
	PART II. Other eignificant condition	ne contributing to dee	th but not res	ulting in	the underlyi	no ceuse o	iven in	Part I. 24a	WAS AN A	IITOPSY	245	WERE AUTOPSY FINDINGS
5				80		N		i	PERFORM	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL								1 C	YES 2	SHO		OF DEATH?
Σ	DID TODA 660 HEE 601											1 YE\$ 2 NO
Z	DID TOBACCO USE CONT	RIBUTE TO CAUS					ERTAIN	1 🗆				
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE 6		(Check only on	»)						
YSI	1 U YES 2 NO	1 Inpetient 2 ER/	/Outpetient 3	DOA	Nursing Ho	me 5 260	sidence	6 Other (Spe	city)			
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJU (Month, Day, Ye		8b. TIME		JURY AT		28d. DESCRIB	E NOW IN.	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation	L				YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE OF IN- building, etc.	JURY At home	, ferm, etr	eet, fectory, off	lca		281. LOCATION	(Street en	d Number	or Rural Ro	oute Number,
딢	4 Homicide detarmined	ounong, etc.	(Specify)					City or Tow	n, Stete)			
ן ב	290. CERTIFIER 1 DECERTIFYING PNYS	ICIAN: To the best of my i	rnowlados death		et the time de	a and atom						
COMPLET		R: On the besie of examin										and management of the
8				yerron,	ту ориноп,	weeth occur	ard art (III-0)	unio, uste and p	riace, and	oue to th	e cause(e)	and manner ee stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIE	- M.D				29c. LICE				29d. DATE		Month, Day, Year)
၉	Jul yar	~ 1.00				MK	C8	004		▶ T	191	96
- 1	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF	F DEATN (ITEM 2	7) (Type, P	rint)				00:			
	FUKI ICAPLI	MD	rea	424	POIN	VA	MC	, PZ	KKY	POI	NT	50P150M
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									
- 1	MAY 1 0 1996	dili As	an Part 1	1								

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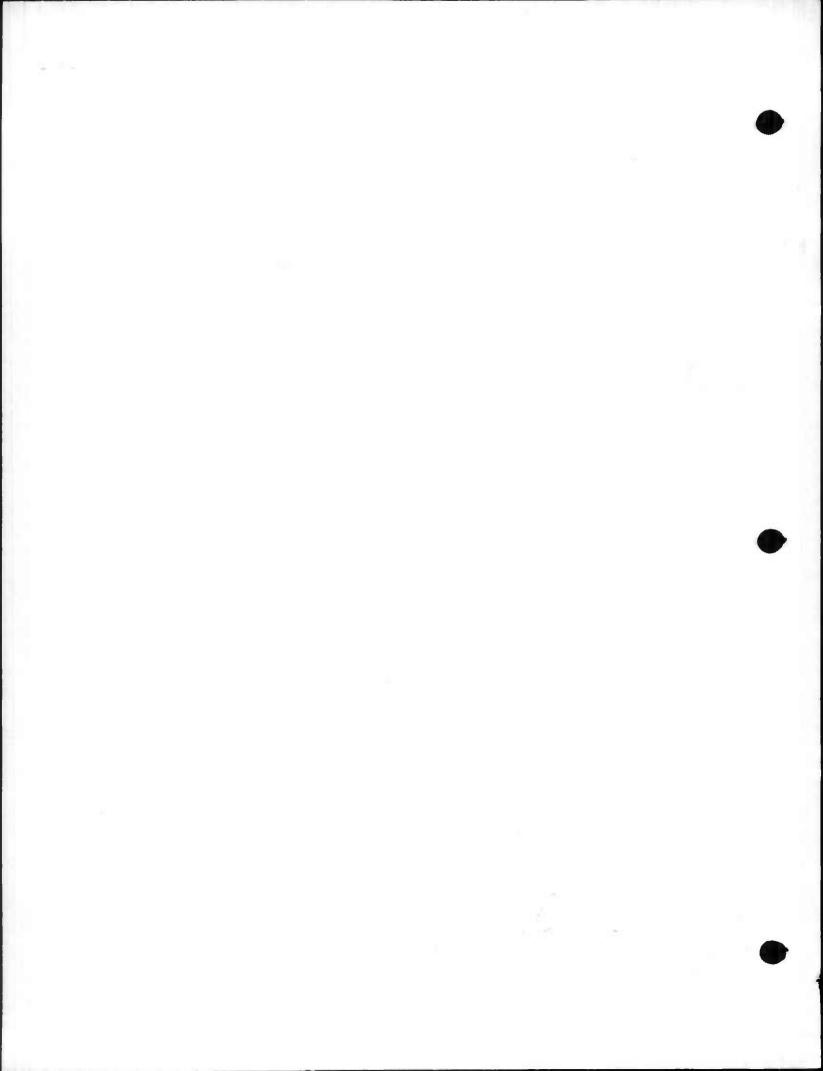
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

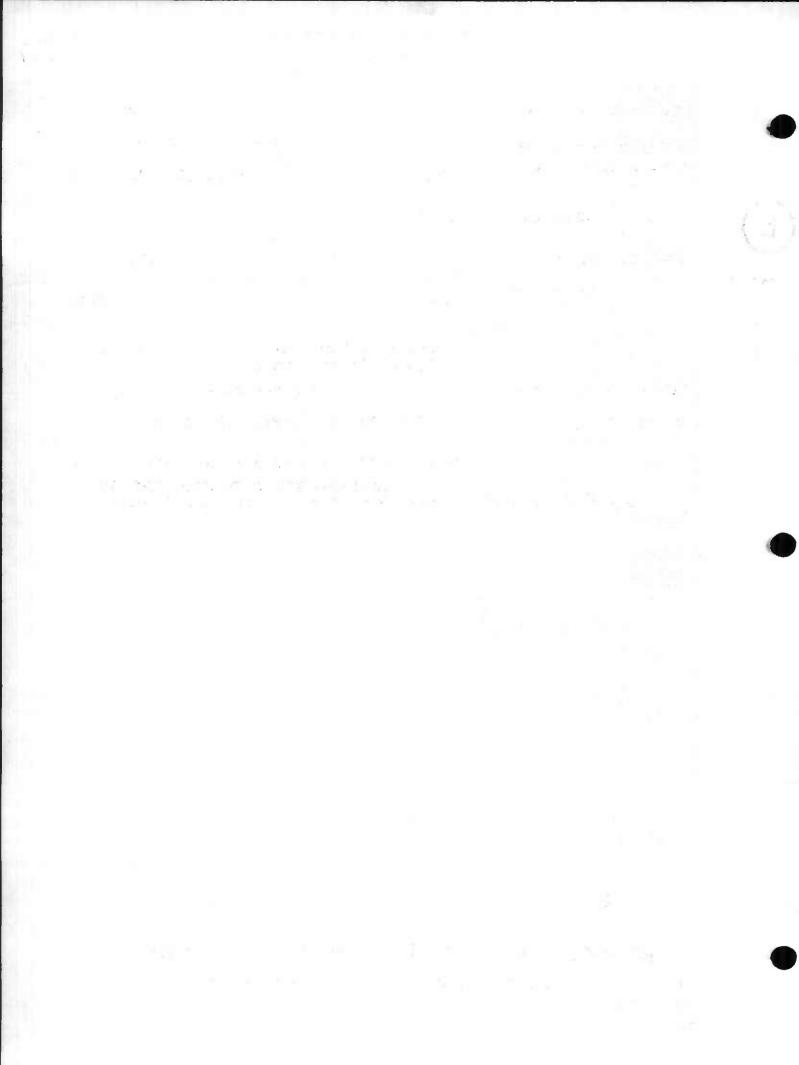
DIVISION OF VITAL RECORDS, P.O. BOX 68769



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** 15 1996 JOHN BERNARD DOBRY 12:20a.m. May /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 9747 CHarles Street Charles La Plata If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, 7. Aga (In yrs. last birthdey) Birthplaca (State or Foreign Country) **Funeral** 1 XM 2 ☐ F Yrs. Director MD Usual Residenca of Decedent 10a. Stata 10b County 10c. City, Town or Location 10d. inside City Limits MD Charles LaPlata 1 XYes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 9747 Charles St. 20646 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1⊠ Yas 2 □ No If Yes, Give Yaar or Detes: WW II 14. Race - American Indien, Bleck, White, atc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Stetus 1 Never Merried 2 Merried 1 ☐ Yes 🏖 No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 72! lije. DO NOT use retired) Civilian Personel Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) N.O.S. Classification Specialist Molder Sumama) 17. Fathar's Nema (First, Middle, Last) Pages 1 and 2 should be fit ment of Health and Mental H lant: If Nem 27 is marked off lury or other traumatic even Be Edward James Dobry Mignonette Adams Dobry 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) P.O. Box 493 LaPlata, MD 20646 Ramona Dobry 20b. Pleca of Disposition (Name of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Steta Buriel 2 Cremetion 3 Removal from State Charles Mem. Gardens 5/17/96 Leonardtown,MD 4 Donetion 5 DOther (Specify) 21. Signeture of Funerel Service Licenses 22 AREHART-ECHOLS FUNERAL HOME, INC. P.O. Box 567 LaPlata, MD 20646 23a. Part1. Enter the diseasa, or complications that causad the death. Do not enter the mode of dying, such as cardiac or raspiretory errest, shock, or heart fellure. List only one cause on each lina. Approximate intarval Between Onset end Deeth Physician /Medical immediete Ceuse (Finei Bladder Cancer disease or condition resulting in deeth) Examiner Due to (or as a consequence of): sician and buriel-trensit The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. physician Physician/Medical the Due to (or as a consequence of): USB BS Pert ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Records. þ 24b. Ware autopsy lindings eveilable prior to completion of cause of deeth? Completed 24e. Was en autopsy performed? page 2 s certificate 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifice 25. Wes case referred to madical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Hasidence 6 Other (Specify) 2 1 Yes 2 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation Naturei 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcida 8 Could not be 28a. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 24 hours 29a. Certifia To the Hospi within 24 hou To the Funer completely fil 🗹 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, dete end plece, and dua to tha cause(s) end menner es stated. Medical 2 Swedical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at tha tima, data and piece, and due to tha cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D28352 May15, 1966 30. Name and eddress of parson who complated cause ol deeth (itam 23a) (Type, Print) Krishan Mathur, M.D. - P.O. Box 2729, La PLata, MD 20646 31. Dete filed (MMAY, 1°5 1996 32. Brigistrer's Signature

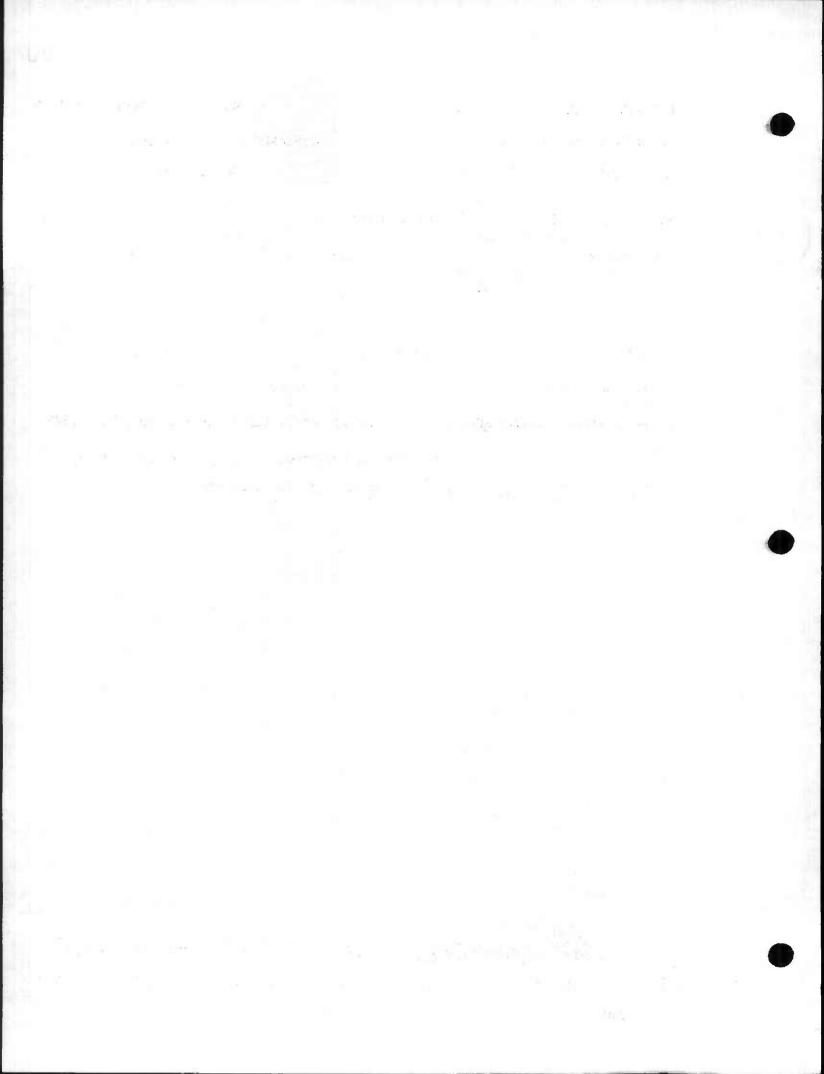
State Registrar



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

15508

							Cert	ificate	of	Death			Reg. No.				
Dhuaisian	ľ	I. Decedent's Nam	e (First, Middle,	Last)								2. Date of De Month	eath Dey	, ,	'eer	3. Time of Death	i
Physician /Medical		KATHRYN	GRA	ACE	DEV	VER						MAY	4	199		16:10 P	
Examiner	4	a. Facility Name (/	f not Institution,	give street and	nu <i>mber)</i>					4b. City, To	wn, or Lo	cation of Deet	h 4c.	County of	Death		
		SACRED	HEART !	HOSPITAI	L					CUMBI	ERLAN	ND	A	LLEGA	NY		
Funeral	5	. Social Security N	umber	3. Sex 1 □ M 2 1 F		e (In yrs. last bii		If Under 1 Months	Year Days	if Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De	th av. Year)	9	. Birthple	ece (State or Foreity)	ign
Director		196-22-3		I □ M 200 F		83	Yrs.					Nov 3	, 19	12	PA	"	
B >		Jsual Residence of Oa. State	Decedent 10b. County			10c. City, Tow	m or l oo	etion							140	4.1140615.4	
show show															10	d. Inside City Limi 1 ☐ Yes 2X N	
or 28s-1 sho be notified at Director	-	WV	Minera	<u> </u>		W1	ley 1	1									10
or 28s-1s be notified	1	Oe. Street end Nur						10f. Zlp (ode				10g. Citi	zen of Who	et Counti	ry?	
		P.O. Box	x 78						576					USA			
	1	11. Maritel Status	**	Armed	Forces?	Ever in U,S.	13. W	as Decede Yes, specif	nt of I y Cub	dispanic Or an, Mexical	igin? (Span, Puerto	ecify Yes or No Rican, etc.))-	 Race - Bleck, 	America White, e		
		1 ☐ Never Marri 3 ☐ Widowed		If Yes.	s 2ŽŪ1 Give	No	11	□Yes 2	ON C	Specify:				Specify:			
natural.		3 - AAIGOMAG			r Dates:	1.00	District	Cata I barrat	0	- 41			401-10			hite	
		(Spec	15. Decedent's ify only highest	grade complete	d)	168	(Give k	ent's Usual and of work	done	oation <i>during m</i> os d)	t of work	ing	16b. Ki	nd of Busir	ness/indu	ustry	
the Me		Elementary/Seco	ndary (0-12)	College	(1-4or 5		nema.		101110	0)			Orazi	n Hom	ω.		
ent, is		7. Father's Name	(First, Middle, L	est)		na	IICIIKL	ver		18. Moth	ar's Name	(First, Middle					
and Mantal Hygi is marked other numetic event, I To Be Co			H. Sutt									D. (Day					
T is marked other traumatic event, To Be Co		19a. tnformant's Na				106	Mailine	Addrose (Ctroot			al Route Numb		Tour Ch	nto Zin /	Codel	
T B T		Wanda S			auch.							l; New				17349	
Health a om 27 is other trax	2	20a. Method of Disp		DOLSA/ G	augn	20h Place 0	f Dispos	ition (Name	of		1111	Date Date		cation - Ci			
nert of the life in y or o		1 🛮 Burial 2 l	☐ Cremation 3	B □ Removel fro	m State			atory or oth			-						
Department Important: It any injury o	-	4 ☐ Donation 21. Signeture of Fu	5 Other (Spe			Davis				ess of Facili		05/07	Cun	nberl	and,	MD	_
Department of Health ar Important: If Nem 27 is any Injury or other trau once.	'	21. Signeture of Pu	Herei Service Li) /a		1//	22.					1 Home					
		yon	neo T	XIC	any	suli				and,		21502					
		23a. Part 1. Enter the shock, or hear	ne disease, or c rt failure. List o	omplications tha nly one ceuse or	it caused n eech lir	the death. Do	not ente	r the mode	of dyli	ng, such as	cardiac	or respiratory a	rrest,			Approximate Intervel Between	
ysician fodical					1										1	Onset end Death	
ledical aminer	1	Immedlete Cause (disease or conditio resulting In death)		a/	40	UTC	_	Se	05	15						T day 5	>
		obaking in obakin				Due to (or as a	consequ	ence of)							!	- '	
in and ial-transit	1			b													
ding physician and use as the burial-transit		Sequentially list con f any, leading to im- cause. Enter Unde	nditions, imediate			Due to (or es a	consequ	ence of):							į		
siclar s buni		cause. Enter Unde Cause (Disease or that initiated events	injury	C		B									-		
ding physicle se as the bu		resulting in death) I	ast			Due to (or es e	consequ	ence or):									
use use				d			-										
d for u	-	Pert It. Other stgnif	lcent condition	e contribution to	doath h	ut not condition l	n the un-	doduina an	100 oi	ton in Dart		23h Did	tohoooo	una contri	and the same	the cause of deat	15.2
ed by the atten detached for u				a continuiting to	death b	1	-	uenying ca	ase Gir	ren in rait				1		ably 4 Unkno	
be det			12 he	meles	0	USCASE	2					, ,	100 2	₩ 140 3		abiy + Olikiic	1100
Parision of the parision of th			,									24a. Was		osy 2	24b. Wei	re autopsy finding	s
should t	-											perf	ormed?		com	ilable prior to apletion of ceuse eeth?	
page 2 should																	
certificate rector, pag		NE Was soon refer	and to market											No	1 🗆	Yes 2□ No	
director,		25. Was case referrexaminer? 1 ☐ Yes 2/2		Hospitel:	1/	0 0 0 0 0 0 0		•□ •••	Ott	or.		(Check only		пент	(0		
5 7 -		1 ☐ Yes 2 7. Manner of Death		11,	dripatie te of Inju		utpatient Time of	3□ DOA		4 L N		me 5 Res 28d. Describe)	
After		1 Watural	5 Pending	28a. Dat (Mo	onth, Day	Year)	Injury	м	word 1	rk?` Yes 2□				,			
To the Funeral Director: A completely filled in by the funeral Medical Certificati		2 ☐ Accident 3 ☐ Suicide	6 Could no	t be 28e. Pla	ca of Ini	ury - At home, fa	arm. stree					28f. Location	Street an	d Number	or Rural	Route Number,	
al Director: After t ed in by the funers certification:		4 ☐ Homicide	determin	bui	iding, etc	. (Specify)	, 51131					City or To	wn, State)	. Jir quil		
completely filled in by Medical Certifi	1	29a. Certifier	1 Certifying	Phyaictan: To t	he best o	of my knowledge	a, death	occurred at	the ti	me, date ar	nd place	and due to the	Cause/s\	and mann	er as eta	ated.	
pletely fill edical			2 Medical Ex	caminer: On the	basis of	examination an	d/or inve	stigation, l	n my c	pinion, dea	th occurr	ed at the time,	date and	placa, and	d due to	the ceuse(s)	
Me Me	2	9b. Signature and	title of could	611				29c.	Licans	se number		,	29d. Dat	le signed (i	Month, D	Day, Year)	
/			41	1/1/11	ess	Im)	T) -	121	D	/	3/47	5	- ,	091	
. 0	1	Name and addre	as of perenn w	no company	IIISA OF A	eath (Item 22c)	(Type P	rint)	10	101	0	/	MAY	3	, /	110	
18	1	TAVII	1) A MA	DV W A	1) (/ / / (Type, P	2/1	151	Pon	11	unh	ovla	nd	MI	21500	2
State	3	11. Date filed (Mont	h, Day, Year)	32	Registra	ar's Signature	no f	MU	2/1	100	4	u (VV)E	ru	nay	1.0	01300	1
Registrar		M	AY 06 1	996 Ju	An all	mater 1/0	roall										



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 15509 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Year Month **JONES** DEAN NOVELLA 8 1996 0830 May 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Woolford Dorchester 4828 Laurie Lane If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 8. Date of Birth (Month, Dey, Year) Nov . 1 1911 9. Birthpieca (State or Foreign Country) Maryland 5. Sociel Security Number 7. Age (In yrs. last birthday) 1 M 2 TF 212-10-0255 Yrs. 84 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Woolford Dorchester 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 21677 4828 Laurie Lane 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 ☐ Married 1 Yes ŽŪNo Specify: white ¾ Widowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) homemaker 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) West Jamesetta John Wesley Jones 19a. Intormant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 1266, Woolford, MD 21677 Mr. William S. Lake Jr. / son 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, State 1 ☐ Bunal 2 ☐ Cremetion 3 ☐ Removal from State Salisbury Crematory 5/9 Salisbury, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Thomas Funeral Home 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. 700 Locust St. Cambridge MD 21613 Approximate Interval Between Onset end Deeth Immediate Cause (Final IN FARETIEN disease or condition resulting in death) MYDCARDIAL MINUTES Due to (or as a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown DUANCED ACE 1 Yes 24b. Were autopsy findings eveileble prior to 24a. Was en autopsy performed? completion of cause of death? 1 Yes 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

permil. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flein 27 is marked other any injury or other traumatic event once.

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

Funeral

Director

event, the Medical Examiner-must be

ò

72 hours after

filed within

Baltimore, Maryland 21215-0020

attending physician for use as the buria Physician/Medical ate has been signed by the atter page 2 should be detached for i þ Be Completed To the Hospital or Attending Physician: The within 24 hours after death.

To the Funeral Director: After this certificate it completely filled in by the funeral director, pag Certification: To

or Attending Physician: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760.

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was case reterred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner ot Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 HNaturel 5 Pending 1 Yes 2 No 2 Accident Investigation 6 Could not be determined 3 Suicide 28e. Piaca of injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) and manner es steted. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner stated.

29c. License number

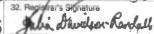
State Registrar

31. Date tiled (Month, Day, Year)

30. Name and address of person who completed cause of death (flesh 23a) (Type, Print)

29b. Signeture and title of cartifie

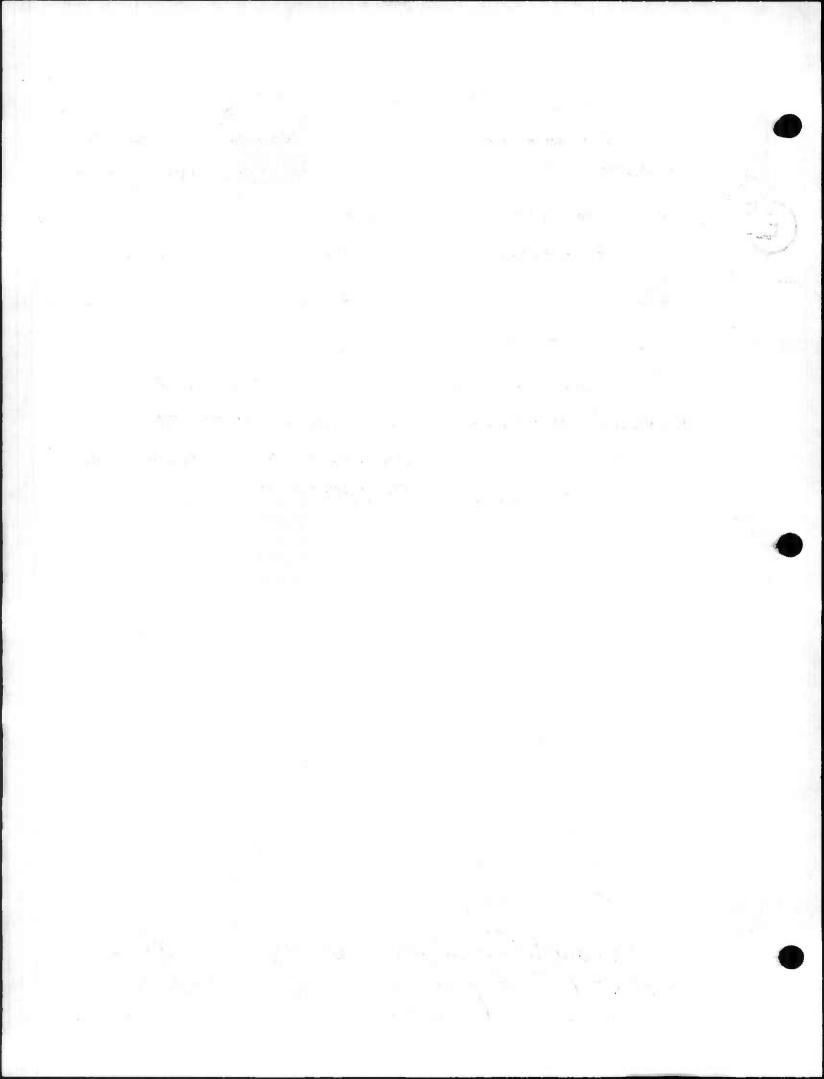
BER



Combruxe mol

29d. Date signed (Month, Day, Year)

21613



BALTIMORE, MARYLAND 21215	irs after death. Page 6 may be retained by the hospital or atten	n by the funeral director, page 5 should be detached for use as removal,	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIF	ICATE	OF	DEATH		REG. NO			
- 8	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF DEATH
	Reuben H. Eby	Jr.						MONTH	11	AY	1996	11./5 79
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	May 7. DATE OF				HPLACE (State or Foreign
	220 34 2429	1 M 2 F	86	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D	ey, Year)		Count	try)
			00	Tho.					7 , 19			h. Co., MD
~	9a. FACILITY NAME (If not institution, give st				9b. CITY,	TOWN	OR LOCATION OF D	EATH		9c. COU	INTY OF D	DEATH
0	Mennonite Old People	s Home			Mau	igans	ville, MD			I 1	Washir	naton
5	RESIDENCE OF DECEDENT											
8	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY LIMITS?
□	MD	Washington		Mau	gansvi	lle,	MD					1 X YES 2 NO
A	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	13436 Maugansville R	d.					21767			U	S	
3	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED	13 W	WAS DEC	ENDENT OF HISPAI	AIC OBIGINS (annihi Va	or No.	14 040	E — American Indian,
E	1 Never Married 2 🖾 Married	FORCES? 1	YES 2 TA	40	H	yes, sp	ecify Cuban, Mexica	in, Puerto Rica	n, atc.)	or No-	Blaci	k, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1	☐ YES	2 X NO Specif	у:			Whi	to
	15. DECEDENT'S EDUC	ATION	160 DE	CEDENTIE	USUAL OC	Y I I DATI	NAI.	1405 100	15 or ou			
Ë	(Specify only highest grade	completed)	(G.	ive kind of	work done d	luring mo	st of working	190. [NO OF BU	SINESS/INI	JUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	1									
Σ	8			Farn	ner	_			rming			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Midd	lle, Maiden	Surname)		
BE		Reuben F	Eby					Elizabet	th Hor	st Eb	V	
	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Number,	City or Tow	n, State, Zip	p Code)	
임	Mrs. Alice H. E	by		P. 0	Box	670	. Maugansv:	ille. MD	21	1767		
	20s. METHOD OF DISPOSITION		20b. PLACE			_		DATE	7	CATION —	O11 T.	A
	1 (Buriel 2 Cremation 3 Remo	oval from State	cemetery, cre	metory or o	ther plece)			1				0.35 (10.5)
	21. SIGNATURE OF FUNERAL SERVICE LIC	tweet A	Keitt	<u>Mennor</u>			Cemetery D ADDRESS OF FA		Ce	arfos	s, MD	
	1/1/17	May					ch-Miller-		nol H	lomo		
	4 Offit (111-7					. Washingto				- DA	40000
	23. PART I. Enter the diseases, or c	omplications that co	oused the de	eth. Do r	not enter	the mo	de of dving suc	Dil Oles	Green	cast1	e. PA	Approximete
1	snock, or neert failure.	List only one cause	on eech line		iot oiltoi		de or dying, suc	ii as cerdiec	Of Teap	natory ar	lest,	interval Between
	iMMEDIATE CAUSE (Finel disease or condition											Onset and Death
	resulting in death)	Congest				re						hours
		DUE TO (OF	AS A CONSEC	DUENCE OF	F):							
Z	Sequentially list conditions,	Atheros	clerot	ic he	eart	dis	ease					
CERTIFICATION	if any, leading to immediate	DUE TO (OF	AS A CONSEC	DUENCE OF	F):							
2	CAUSE (Disease or injury	£										ļ
드	that initiated events	DUE TO (OF	AS A CONSEC	DUENCE OF	F):							
E	resulting in death) LAST	la sa										
ខ												
AL A	PART ii. Other significant conditions	contributing to de	ath but not r	eeuiting i	in the unc	derlying	g cause given in	Part i. 24	n. WAS AN		24b	. WERE AUTOPSY FINDINGS
<u> </u>									YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_ ['	_ 1E3 X	X		OF DEATH?
≥								-			- 1	1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL											
ᅙ	EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only one)				
PHYSICIAN: MEDICAL	1 TES 2 NO	1 Inpatient 2 E	VOutpatient 3	□ DOA			e 5 🗆 Residence	6 Other (S)	pecify)			
ᇤ	27. MANNER OF DEATH	28s. DATE OF INJ (Month, Day,	URY (bar)	28b. TIM	E OF	28c. INJ	URY AT RK?	28d. DESCRI	BE HOW I	NJURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 NO					
ا ۵	3 Suicide 8 Could not be	28s. PLACE OF IN building, atc.	JURY — At ho	me, term, s	street, facto	ry, office		281. LOCATIO	N (Street a	and Number	or Rural F	Route Number,
Щ	4 Homicide determined	building, atc.	((Среспу)					City or R	own, State)			
Щ	29e. CERTIFIER						_		_			
를	(Check only											
COMPLETE	2 MEDICAL EXAMINE	3: On the beals of axem	ination and/or i	nvestigatio	n, In my op	inlon, d	eath occured at the	time, data and	placa, an	d due to th	le cause(s	a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	10/1	100	11			29c. LICENSE NUM	4BER		29d, DAT	F SIGNED	(Month, Day, Year)
B	/	10 11	(eles	la								
요	30. NAME AND ADDRESS OF PERSON WHO	CONDISTED CAUSE	NE DEATH ATT	127 /7	Onion'		D11266			M	ay 1	3, 1996
	Howard N. Weeks,	м.р., 580	North	ern A	venu	e, I	lagersto	wn, MD	21	742		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S					200					
- 4	888V 1 7 100C	d. 1: As	0	A								

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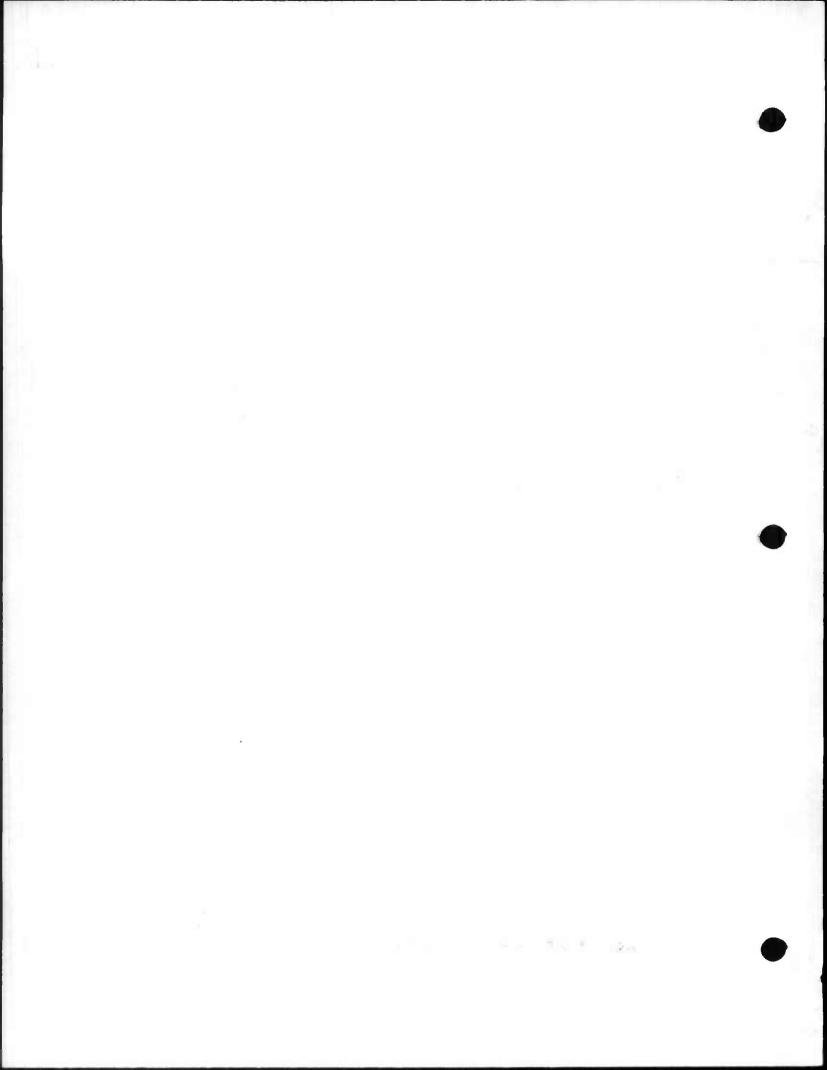
	FOR
1	STATE REGISTRA
_	REGISTRA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		CERTIF	ICATE (OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	11)				2. DATE OF	DEATH			3. TIME OF DEATH
EDNA MAR	E ECK	STINE			May	14	19	996	10:35 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF	BIRTH	,	8. BIRTH	PLACE (State or Foreign
220-28-8450	1 🗆 M 2 戻 F	8.8 YRS.	MONTHS DA	YS HOURS MIN.	Jan.	7 - 1	908	Country	ryland
9e. FACILITY NAME (If not institution, giv	e street and number)		96. CITY, TO	WN OR LOCATION OF D		- / -		NTY OF D	
Washington Considered Francisco Constitution		ital		erstown					gton
10a. STATE 10b. COU			Y, TOWN OR L	OCATION					10d. INSIDE CITY
Maryland Wash	ington	Н	agers	town					LIMITS?
			J	10f. ZIP CODE			10g, CITI	ZEN OF W	HAT COUNTRY?
10e. STREET AND NUMBER 1.981.5 Evelyn A 11. Marital Status				21742			Ţ	J.S.	
3 ₩Idowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (YES ZY NO OR DATES Y	If yes	DECENDENT OF HISPA s, specify Cuban, Mexico YES 2 NO Specific	an, Puerto Rica	Specify Yes an, etc.)	or No-	14. RACE Black Specif	
15. DECEDENT'S E (Specify only highest gr Elementery/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)	DUCATION (Included Compositors)	16a. DECEDENT'S	USUAL OCCU	PATION	16b. KI	ND OF BUS	INESS/INC	USTRY	White
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done dunn se retired.)	g most of working					
8		Но	memak	er		H	ome		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mick	de, Maiden	Sumame)		
Walter O. Him	ies			Bessie	Myrt	le S	toor	os	
		19b. MAILING	ADDRESS (Str	eet and Number or Rural					
Richard W. Ec	kstine			57 Smith					
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE		CATION —		en State
1 Surial 2 Cremation 3 Re		cemetary, crematory or of Smithsbut	ther place)	meters M					
21 SIGNATURE OF FUMERAL SERVICE	LICENSEE	SILI CIISDU.		E AND ADDRESS OF FA					
vennis 8	A la	vin	Dav	is Funer	al Ho	me s	252! mith	5 Br nsbu	adbury Av rg, Md. 217
23. PART I. Enter the diseases, p	r complications that ce	used the deeth. Do i	not enter the	mode of dyling, suc	ch as cardled	or reapli	ratory arr	eat.	Approximate
enock, or neart feilur	e. Liet only one ceuse of	on each line.						00	Interval Between
IMMEDIATE CAUSE (Finel disease or condition	77			1 5					Onset and Death
resulting in death)	a. Hyperter	nsive Card	10 Vas	cular Dise	ase			_	years
		nia Bilat							7
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		AS A CONSEQUENCE OF							7 days
If any, leading to immediate cause. Enter UNDERLYING									İ
CAUSE (Disease or injury that initiated events	C. DUE TO (OR	AS A CONSEQUENCE OF	F):						<u> </u>
resulting in deeth) LAST	2								
	. 0.								
PART ii. Other algnificant conditi		th but not reaulting	in the under	ying ceuse given in	Part i. 24	4. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Senile Dement	ia				1	TEN ON			COMPLETION OF CAUSE
Hypothyroid									OF DEATH?
DID TOBACCO USE CON	TRIBUTE TO CAUS	E OF DEATH YE	S NO	₩ UNCERTAI	ΝП			1	
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT							
EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	Home 5 Residence	B C Other (C				
27. MANNER OF DEATH	28a. DATE OF INJU	JRY 26b, TIM	E OF 26c	INJURY AT	28d. DESCRI		LIURY OCC	CURED	
	(Month, Day, Ye	ear) INJ	URY	WORK?				JOILED	
2 Accident Investigation 3 Suicide 6 Could not be	28a PLACE OF IN	JURY — At home, farm, s			264 OCATIO	DM (Ct-st s		0 10	
3 Suicide 4 Homicide 6 Could not be datarmined 29a. CERTIFIER (Check only 1 XERTIFYING PHY ONE) 2 MEDICAL EXAMI	building, etc.	(Specify)		onice .	26f. LOCATIO City or R	own, State)	na Number	or Hunsi Hi	oure Number,
29a. CERTIFIER (Check only one)	SICIAN: To the best of my i	cnowledge, death occurre	ed at the time,	date and place, end due	to the cause(a) end man	ner en state	ed.	
2 MEDICAL EXAMI	NER: On the basis of axamir	nation and/or investigation	n, in my opinio	n, death occured at the	time, data and	d place, and	due to th	a cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	ER () 271			29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)
court 12	///H	ve -	7	D01062			May	15,	1996
30. NAME AND ADDRESS OF PERSON V		F DEATH (ITEM 27) (Type	Print)						
Edward W. Ditto,	III, M.D.	217	W. Wasl	nington St	. Ha	gerst	town.	Md	21740
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	SIGNATURE							
MAY 1 4 10	96 deli As.	dear Part 11							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. In hours after death, Page 6 may be retained by the hospital or attending physician. It is settlificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tranfsit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

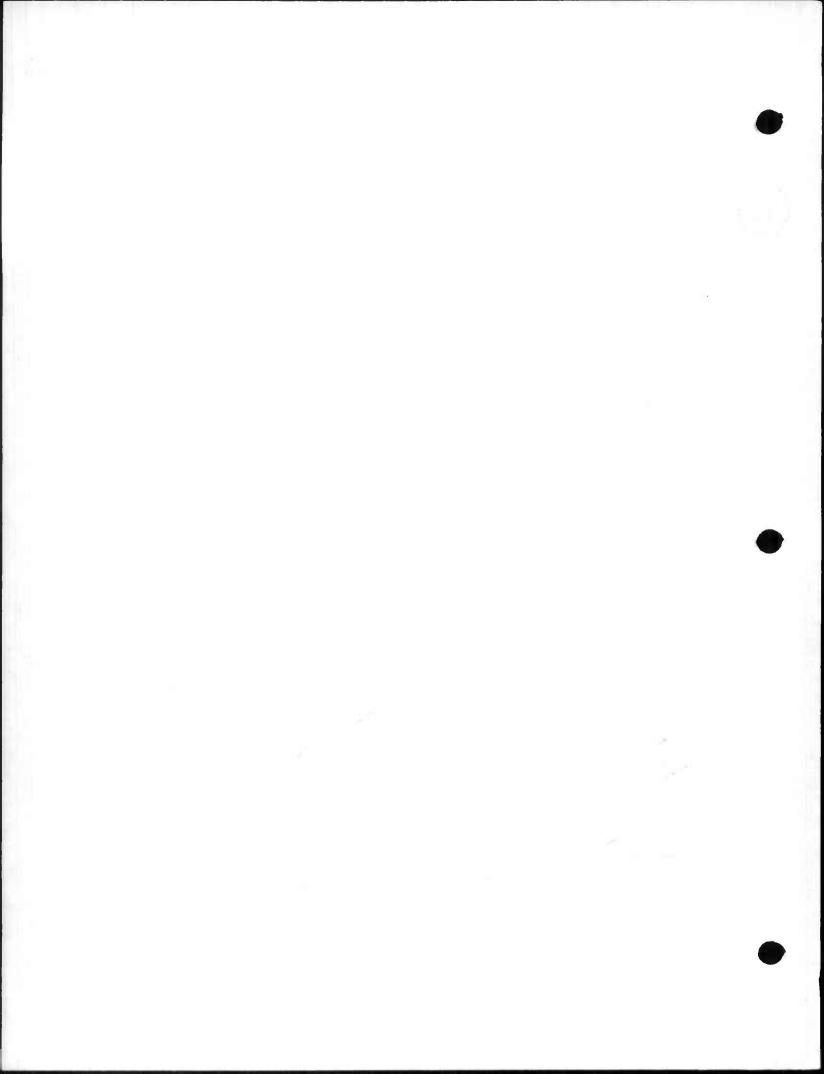


	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL	HYGIEN REG. NO.	E	. 0012			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	F DEATN		3. TIME OF DEATH			
	Robert	L.		Eva	ns	May		1996	3:55AM M			
		The second second	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH Day, Year)	8.	BIRTNPLACE (State or Foreign Country)			
			8 YRS.			Feb			West Virginia			
œ	9a. FACILITY NAME (If not institution, give street				R LOCATION OF D	EATH		9c. COUNTY				
DIRECTOR	19715 Sutherland	Lane		Barto	n			Alleg	gany			
R	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY				
		egany	Baı	cton				1 TYES				
₽.	104. STREET AND NUMBER	-		10f	ZIP CODE			10g. CITIZEN OF WNAT COUNTRY?				
FUNERAL	19715 Sutherland	Lane . was decedent ever in	11.0 4.01150		21521			ed States				
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF HISPAI	en, Puerto Ric	(Specify Yes an, etc.)	or No— 14	. RACE — American Indian, Black, White, atc.			
В	3 Widowed 4 Divorced	IF TES, GIVE WAH ON DA	IES	1 L YES	2 NO Specif	ly:		Specify: White				
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION npleted)	16a. DECEDENT'S L	ISUAL OCCUPATIO	ON st of working	16b. K	IND OF BUS	INESS/INDUS	TRY			
۳	Elementary/Secondary (8-12) CUNKNOWN	College (1-4 or 5+)	life. Do NOT use	retired.)								
M	17. FATHER'S NAME (First, Middle, Last)		Coal Mi	ner				Mining				
	Arlie Ward Evans	3			16. MOTHER'S NA Fay Ve							
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a	nd Number or Rural				rdel			
2	Shelva Jean Evan	ıs			rland La			, Md.				
	20a, METHOD OF DISPOSITION 1	from State	PLACE AND DATE Of	F DISPOSITION (Na	me of	DATE			or Town, State			
	4 Donation 5 Other (Specify)		Laure 1	<u>Hill Cer</u>	netery 5		Ba	arton.	Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /			Funeral			•				
	Mayre	Dal		1111 (Church S	t. Wes	stern	port,	Md.			
	23. PART I. Enter the diseases, pr com shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition	plicetions thet caused t Only One ceuse on ee	the desth. Do no ch line.	ot enter the mo	de of dylng, euc	h es cerdie	C Dr respi	ratory arrest	Approximete Interval Between Onset and Death			
	resulting in death) a. Arteriosclerotic cardiovascular heart disease Uk Due TO (OR AS A COMSEQUENCE OF):											
_												
10 10	Sequentially list conditions, if any, leading to immediate	Diabete DUE TO (OR AS A	CONSEQUENCE OF)	:				-				
S	CAUSE (Disesse or injury											
E	that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF)									
CERTIFICATION	d											
A	PART il. Other significant conditions c	ontributing to death bu	it not resulting in	the underlying	ceuse given in	Part I. 2	4a. WAS AN		24b. WERE AUTOPSY FINDINGS			
00						1	☐ YES 2	NO	COMPLETION OF CAUSE OF DEATN?			
Z	DID TODA CCO LICE CONTENIO			J					1 TES 2 NO			
AN	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		UNCERTAIL	ИП						
PHYSICIAN: MEDIC	YEXAMINER?	OSPITAL: Inpetient 2 ER/Outpe		OTHER:	V	Te associ	500					
Ä	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		URY AT	8 Other (S		JURY OCCUR	ED			
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year)	MJU		RK? 'ES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Special	— At home, farm, at	reet, factory, office			ON (Street a Town, State)	nd Number or i	Rural Route Number,			
	4 Homicide determined						, , , , , ,					
3 Suicide 8 Could not be determined 2st. Location (Street and Number or Rural Route Number of Rural Route Numb												
									ause(a) and manner as stated,			
BE	36. SIGNATURE AND TITLE OF CERTIFIER	-~			29c. LICENSE NUM			29d. DATE SI	GNED (Month, Day, Ybar)			
P	30. NAME AND ADDRESS OF PERSON WHO CO	OMBI ETED CAUSE OF ET	D D	oty Me	Ex DO	9157		M	ay 3, 1996			
n					21500							
	Paul Snow, M.D. 31. DATE FILED (Month, Day, Year) MAY 0 7 1936	32. BAGISTRAR'S SIGNA	TURE_	OM amu	21502							
	WAY 07 1996	Jaki Davide	x-Rardall									

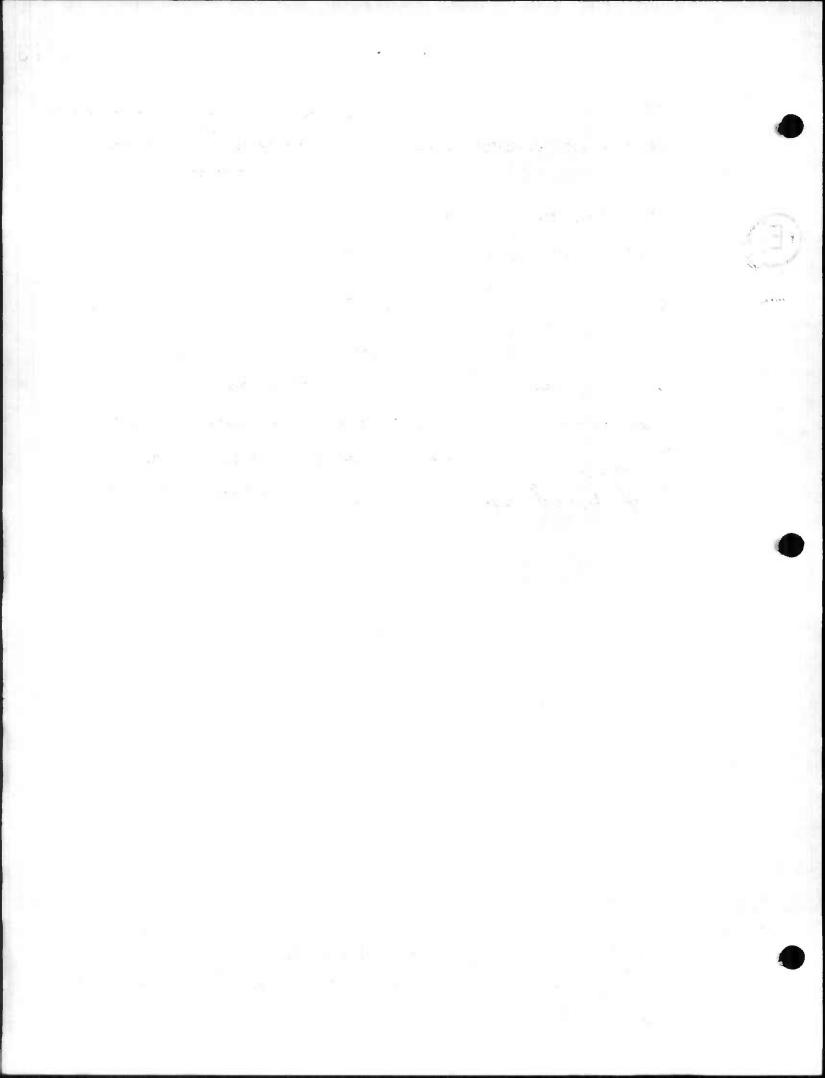
DIVISION OF VITAL RECORDS, F.O. DON COLOR after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flee of the foundation of the foundation of the flee of th

DIVISION OF VITAL RECORDS, P.O. BOX 68760



			State of N	iaryiand /	Certifica		Health and Death	mental Hy	/giene Reg. No.	90	1001.			
		1. Decedent's Name (First, Middle,	ast)					2. Dete of D		Mass	3. Time of Death			
Physici		ALICE MAY			7:	ish	SQ	Month	Dey	Year 196	1748			
/Medic		4a. Facility Name (If not institution,	rive street and number)		1-21	4b. City, Town, or							
Funeral Director	C.	213-14-1703		AL CENT ge (In yrs. lest b	7 46 1 4	der 1 Year s Deys		8. Dete of Bi		OMICO 9. Birthple Count MD	ace (State or Foreign			
B *		Usuel Residence of Decedent 10a. State 10b. County		100 City To	um as Lagarian					140	4 1. 4. 0. 11			
Life at the state of the state	tor	MD Worces	ster	Berl	wn or Location					10	d. Inside City Limits 1 ☐ Yes 2 No			
Family be not as a set be not a	Funeral Director	10e. Street end Number 11317 Worces	ter Highwa	ıy	10f. 2	Zip Code 218	11		10g. Citizen of V	of What Country?				
020 urs after dea af, or items Examiner m	þ	11. Maritel Stetus 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces 1 Yes X If Yes, Give Yeer or Detes:	? No		cedent of cecify Cut	Specify Yes or Note Rican, etc.)	o- 14. Race Biad Specify	e - America k, White, e	itc.				
Maryland 21215-0020 d 2 should be filed within 72 hours at th and Mental Hygiene. 7 is marked other than "naturel", or traumatic event, the Medical Exam	Completed	15. Decedent's (Specify only highest of Elementary/Secondary (0-12)	Education trade completed) College (1-4or			vork done use retire	pation during most of wo	orking	16b. Kind of Bu		ustry			
Page 1	0	nomentary coolingry (o 12)	5	0.7	Nurs	se			Health	ncare				
yland suld be file Mental Hy arked other affic event	To Be C	17. Fether's Neme (First, Middle, La Jacob M. Adl	•					18. Mother's Name (First, Middle, Maiden Surname) Alice Laws						
Mary of 2 shou th and M		19e. informant's Name/Relationship Wilson Fisher		-			or Rural Route Number, City or Town, State, Zip Code) NY. Berlin, MD 21811							
other 2	- 1	20e. Method of Disposition		20b. Piace	of Disposition (A	ame of	1	Date	20c. Location -		vn. State			
S 85= 9		1 X Buriel 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Special	n, ME)										
Baltin permit. Pa Departmen important any injury once.		21. Signature of Fund Service Ucensee 22. Name end Address of Facility Burbage Funeral Home 108 Williams St. Berlin, MD 21811 23a. Paint Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between												
		23a. Paul Enter the disease, of co shock, or hear failure. List on	mplications that cause	d the deeth. Do							Approximate Interval Between			
Physician /Medical Examiner		Immediete Cause (Final disease or condition		Clay	1						Onset and Death Min O			
Examiner	_	resulting in death)	a	71	a consequence o	f):								
pe d	Examiner		ь	ande	gel &	Oki	A-			/	Ooc			
68760, cete be executed physician and the buriel-transit	Exai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or as a	Consequence o	f):	leafer	+			,			
8760, cete be ex chysician the buriel	dical	Cause (Disease or Injury that Initiated events	c. Cle	to 1	nyo	tra		/	Day					
ox 687 certificete iding physise as the	/Medic	Due to (or es a consequence of): d.												
P.O. Box 6 thet the death certifit ed by the ettending I detached for use as	Physician/Me													
E X n	by Phy			1	Yes 20 No	3□ Prob	ably 4 🗆 Unknown							
Records, P	Completed							24a. Was	s an autopsy ormed?	ava	re eutopsy findings llable prior to apletion of cause eath?			
- F tad	S							10	Yes 20 No	1 🗆	Yes 2□ No			
of Vital R	Be	25. Was case referred to medical exeminer?						ath (Check only	one)					
of Vita Physician: this certific	2	1 ☐ Yes 2 ☑ No	Hospital:	ent 2 ER/C	outpatient 3 !!	DOA Ot	her: 4 Nursing I	Home 5□ Res	idence 6 DOth	er (Specify)			
VISION C Attending Pr or deeth. ector: After th by the funeral		27. Manner of Death 1 Netural 5 Pending 2 Accident Investigat	28a. Date of inj (Month, Da	ury 28b.	Time of Injury	28c. Inju Wo	ny et erk?]Yes 2 □ No	28d. Describe	how injury occur	red				
Division o To the Mospital or Attending Ph within 24 hours eiter deeth. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could not determine	d 286. Place of In						(Street end Numb own, State)	er or Rural	Route Number,			
Hospit n 24 hour e Funera sletely fille	edicai	29a. Certifier (Check only one) 1 Certifying F	thysician: To the best miner: On the basis of and manner st	of examination e	ge, deeth occurre nd/or investigation	ed at the ti	ime, date and place opinion, death occ	e, and due to the urred at the time	cause(s) end ma , date end place, a	nner as sta and due to	ated. the cause(s)			
To the within To the comp	2	29b. Signeture end title of certifier	l l		2		se number		29d. Date signed					
		30. Name and address of person wh	completed cause of	death (Item 23a)	(Type, Print)	70	2020	, ,		176				
Stat	e	31. Date filed (Month, Day, Year)		ecc /	110	()	Phinsal	10 /2	ege M		Col			
Registra	ır	MAY 1 4 199	Jahri da	wilson Ran	dall									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. (Manuford / Department of Health and Mental Hygiene 96

						Cei	rtificate	of .	Death			Reg. No.			
п	Dharis		1. Decedent's Neme (First, Midd	le, Last)							2. Dete of D		Vest	3. Time of	Death
	Physic /Medi		MAXWELL	EDWARD	GRIM						MAY	Day	1996	12:3	15
ì	Exami		4a. Facility Nama (If not institution	n, giva streat and nu	ımber)				4b. City, To	wn, or Lo	ocation of Dea	ith 4c. Co	ounty of Death		
1			WASHINGTON COU	NTY HOSPI	TAL				ŀ	AGE	RSTOWN		WASHIN	IGTON	
	Funeral		5. Sociel Sacurity Number	6. Sax	7. Aga (In yrs.	last birthday)	If Undar 1		If Under	24 Hrs.	8. Dete of B	irth	9. Birth	placa (State o	or Foreign
	Director		212-14-6478	1 ⊠ M 2□F	777	Yrs.	Months	Deys	Hours	Min.	8. Dete of B (Month, D MARCH	19,191	L9 MÃ	piaca <i>(State d</i> ntry) RYLAND	,
	7		Usual Residence of Decedent												
	aryan show id at		10a. Stete 10b. County	1	10c. Cit	y, Town or Lo	cation							10d. inside Ci	ty Limits
	The Ma 28a-f a notified	Ş	MARYLAND WA	SHINGTON			SHAR	PSE	BURG					1 🔀 Yas	2 No
-	1 2 2	Director	10e. Street end Number				10f. Zip 0	ode				10g. Citizer	n of Whet Cou	ntry?	
Ĺ	urs a gr death with the Marys al', or items 25a or 28a-f aho Examiner must be notified at	aic	115 WEST ANTI	TAM STREE	T			2	1782				U.S.	Α.	
L	-8 /4 5	Funeral	11. Meritel Stetus	12. Wes Dec	edent Ever in U	,S. 13.	Vas Decede			igln? (Sp	ecify Yes or N Rican, atc.)	lo- 14.	Raca - Amari		
6	in a si	F	1 ☐ Navar Marriad 2 Mer	rled 1 ☐ Yes	2 No 194	10-					rican, atc.)		Bieck, White	, etc.	
21215-002	Exa.	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Gi Yeer or E		15	1 □ Yas 2]	KĪ IVO	Specify:			St	pecify: W	HITE	
5.5	12 - 2- 2- 12 - 12 - 12 - 12 - 12 - 12	ted	15. Deceder	nt's Education est grada completed)		16e. Deced	dent's Usuel	Occup	etion	et of work	ina	16b. Klnd	of Business/Ir	ndustry	
2	within ors. than 'r the Med	Completed	Elementary/Secondary (0-12)		1-4or 5+)	life.	kind of work DO NOT use	retire	d)	it of work.	iii g				
2	20年間	0	8			AUTO	BODY I	ÆC	HANIC			AUTO	DEALE	RSHIP	
Pu	be filed tal Hygi d other event, t	Be	17. Fether's Neme (First, Middle,	Last)					18. Mothe	er's Neme	e (First, Middl	e, Meiden Su	imeme)		
/la	Alerta Alerta Bio e Bio e	To	THOMAS FRANKL	IN GRIM					BESS	IE I	SABELL	EICHE	LBERGE	3	
Maryland	2 sho and h is ma		19e. Informent's Neme/Relation	ship (Type, Print)		19b. Meilir	ng Address (Street	end Numb	er or Run	al Route Num	ber, City or T	own, State, Zi	p Code)	
	DENE		GWENDOLYN V. GI	RIM/SPOUSE	C	P.O.	BOX 5	5, 5	SHARP	SBUR	G, MAR	YLAND	21782		
Baltimore,	- 포함		20e. Method of Disposition			Pleca of Dispo	sition (Neme	of er plei	ce)	I	Data	20c. Loca	tion - City or T	own, Stete	
ŭ	Dt +1 = 0		1 XBurlei 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (5		Stete	NTAIN				5	/13/06	CHADD	SBURG,	MADVT.	MD
=	- EEB		21. Signature of Ameral Service	1	IMOU		. Neme and								עואדע
ä	Depa Impo any fr		> DOM	(1h-	Paul M.					-			ationa]		
-	TROUGH BINE	-	23a. Parti. Enter the diseasa, o	war								sboro,	MD 23	L713	
			shock, or heart feilure. List	only one cause on	ech line.	n. Do not ent	ei tue mode	or uyıı	ig, such es	Cerdiac	or respiretory	enest,	1	Approximet Interval Bet Onsat and I	ween
В	Physician /Medical		Immediate Cause (Fine)		- /		,		,	,			1	-/	.)
	Examiner		disease or condition resulting in death)	8.	ongosti.	re Co	adion	741	opoth	y				5 min	the
н			rootting til doutily		Obua to (c	or as a consec	uence of):	1	1	/			1		
	ed sit	je		b									1		
_	eath certificete be executed attending physician and for use es the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate		Dua to (c	r as a consec	uence of):								
68760,	be ed ician burie														
87	phys the	/Medical	thet initieted events resulting in deeth) Last	1	Dua to (o	r es e conseq	uence of):						į		
×	ding ding	Me		d.											
Bo	death c												Ī		
o.	0 0 0	Physician	Part II. Other aignificant condition	ons contributing to d	eath but not res	ulting In the u	nderlying car	ise giv	en in Pert	t.	23b. Die	d tobacco us	e contribute i	to the cause	of death?
Ρ.	± 50		with the	mellito	the	. 11					1	Yes 2	No 3□ Pro	bably 4 🗹	Unknow
Ś	S 55 8	by	Constanting	mer. 10.	3 1/2						_				
Records,	v requir been s should	ted	(1000.	N 7	L 0-	01	1/1					s an autopsy formed?	81	/ara autopsy t veileble prior t	0
ec	2 s ×	pie	Orem	a one i	o Ken	a ja	1010				:		01	ompletion of o	euse
æ	The law pate has b	Completed	ch.	· etil	f.l. 16to	Pa.					1	Yes 212	No 1	□Yes 2년	No
of Vital	iclan: The certificate rector, pag	Bec	25. Wes cese referred to medice	il l	110/11/04/	^~			26. Plece	e of Deet	h (Check only	one)			
>	Physician: this certific ral director,	To	examiner? 1 ☐ Yes 2 ☑ No	Hospital:	Inpatient 2	ER/Outpatier	at 3 DOA	Oth	ar.				Other (Speci	ifv)	
	Phys erthis eral di		27. Manner of Deeth	28e. Dete	of Injury	28b. Time of		. Injur Wor			28d. Describe			-77	
Division	offing P th. : After e funer	tio	1 ☑Naturel 5 ☐ Pending	ng (Mon gation	th, Dey Year)	injury	М		Yes 2□	No					
/isi	Atter dee ctor	fica	3 ☐ Suicide 6 ☐ Could	not be 28e. Plece	of Injury - At he ing, etc. (Specif	oma, ferm, str	eet, factory,	office		-			Number or Rui	el Route Num	iber,
ā	afte Dire	Certification:	4 Homicide	build	ing, etc. (Specif	y)					City or T	own, Stete)			
	spita nours neral		29a. Certifier 1 Certifyli	ng Physician: To the	best of my kno	wledge, deeth	occurred at	tha tir	me, dete en	nd place.	and due to th	e cause(s) er	nd menner es	steted.	
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	edicai	(Check only 2 Medical one)	Examiner: On the b	asis of examine iner stated.	tion end/or in	estigation, i	my o	plnion, dee	th occurr	ed et the time	, dete end pl	ace, end due	to the ceuse(s	;)
	vithin outh	Me	29b. Signature and title of certifie	1			29c.	Licens	e number			29d. Dete s	signed (Month	Day, Year)	
	->-0		NZX	Ih m	λ			7	776	579	7		5/9/91	0	
		4	20. Name and address of a			03-1/7:	Driet)		0	01)			11/16		
			30. Name and address of paradin R.L. Kugler M	A 7 (7		1	rmit)	4	20-4		Maryla	md	7174	2	
			31. Dete filed (Month, Day, Year,) 30 F	Northe Registrar's Signa		we,	1/4	y US IOWY	~)	7		~ ' '		
	Sta Registr				Lin Deus		C. H								
	, region		MAY 1	0 1000			44								

-Art - I - V - - - - - VAR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIF	ICATE OF DEATH	REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)			3. TIME OF DEATH								
	Commodore Roscoe Green		May 11, DAY 199	6 5:00 P M								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign								
	219-01-2034 1X M 2 D F 84 YRS.	MONTHS DAYS HOURS MIN.	Sept. 22, 1911	Maryland								
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D		NTY OF DEATH								
H.	6 Blue Mt. Estates	Smithsbur		Washington								
15	RESIDENCE OF DECEDENT											
DIRECTOR	100. STATE 10b. COUNTY Washington 10c. CIT	y, town or location Smithsburg		10d. INSIDE CITY LIMITS?								
		1 X YES 2 NO										
FUNERAL	100. STREET AND NUMBER 6 Blue Mt. Estates	101. ZIP CODE 2 1 7 8 3	,	ZEN OF WHAT COUNTRY?								
l iii		21703	<u>'</u>	U.S.A								
15	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic	NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.								
₽	IF YES, GIVE WAR OR DATES	1 TES 2 NO Speci										
	While											
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY											
12	College (1-6 of 5+)	ick Layer	Но	mes								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)											
	17. FATHER'S NAME (First, Middle, Lest) Aquilla N. Green 18. MOTHER'S NAME (First, Middle, Maiden Surname) Grace M. Nisner											
BE		ADDRESS (Street and Number or Rural	Bouts Number City or Town State Zin	Codel								
임		Foxville Rd.	Smithsburg.	Md. 21783								
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremellon 3 Removal from State 4 Donation Other (Specify) Date Date Smiths burg N.d.											
	21. SIGNATURE OF UNERAL SERVICE LICENSEE											
	Davis Funeral Home 12525 Bradbury Smithsburg, Md. 2											
-4	permish have		Smit	hsburg, Md. 217								
ш	23. PART I. Enter tha diseases, or complications that csused the death. Do shock, or heart failurs. List only one cause on each line.	not anter tha mode of dying, suc	ch as cardiac or reapiretory srr	eat, Approximate interval Between								
1 1	IMMEDIATE CAUSE (Final disease or condition			Onset and Dasth								
-	resulting in death) a. ATherosclerotic Con	vnary Vascula	Disease	42015								
1 1	disease or condition resulting in death) a. Atherosclerotic Ceremony Vascular Disease pue to (or as a consequence of): 11 Jan 12 Jan 13 Jan 14 Jan 15 Jan											
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):											
TA	if any, leading to immediate	1	-11	1000								
[윤]	CAUSE (Disease or Injury that Initiated events		77	1945								
E	resulting in death) LAST	rombocatos	21	1995								
빙	a. Coporer coct			11.5								
CAL	PART II. Other aignificant conditions contributing to death but not resulting	in the underlying cause given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO								
1 5 1			1 TYES 2 NO	COMPLETION OF CAUSE DF DEATH?								
ME				1 YES 2 NO								
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YE	S INO I UNCERTAL	N 🗆									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:											
1S	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing Home 5 Residence	6 Other (Specify)									
F	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) INJ	E OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCC	URED								
B	1 Netural 5 Pending (MORE, Day, 1987) INJ 2 Accident Investigation	M 1 YES 2 NO										
	3 Suicide 8 Could not be 25e. PLACE OF INJURY — Al home, farm, a building, etc. (Specify)	street, factory, office	261. LOCATION (Street and Number City or Town, State)	or Rural Route Number,								
	4 Homicide determined											
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	ed at the time, date and place, and due	to the cause(a) and manner as state	ed.								
No.	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation											
Ü	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU		E SIGNED (Month, Day, Year)								
8	Swane Hall up	DUCE	1	lay								
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)	100	ian								
	Dwayne Shuhart MD Sm	thisburg Mary	land 21783									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	3										
	MAY 1 3 1996 July Abridge C.]								
				DHMH-18 Rev 1/89								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68769

25 W

1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	T DEATH	REG. NO						
,	1. OECEDENT'S NAME (First, Middle, Last) AN	GELO		GLO	RIOSO	2. DATE OF DEATH MONTH DATE OF THE PROPERTY 7,	1996	3. TIME OF DEATH 7:30 P. M				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)		R IF UNDER 24 HRS.	7. DATE OF BIRTH	a Bil	RTHPLACE (State or Foreign untry)				
	216-12-3445	1 🔀 M 2 🗆 F	74 YRS.	MONTHS DAY	S HOURS MIN.	June 1, 19	921 (Colorado				
~	9e. FACILITY NAME (If not institution, give s				9b. CITY, TOWN DR LOCATION OF DEATH 9c. CDUNTY OF DEATH							
DIRECTOR	McCready Memo	rial Hospit	al		risfield,	Somers	set					
<u> </u>	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE											
	Maryland So	merset		Cri	LIMITS?							
₹.	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	2957 Byrdtown Ro				21817 U.S.A.							
	11, MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVE FDRCES? 1 X Y	ES 2 NO	If yes	specify Cuban, Maxico		or No- 14. R.	ACE — American Indian, lack, White, atc.				
B	9 Wildowed A Discounsed	W. W. II- U	r dates J. S. Army	1 🗆 '	ES 25 ND Specif	y :	S	White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S		ATION most of working	16b. KIND OF BUS	SINESS/INDUSTR					
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIu. Do NOT u	use retired.)	most of working							
₩.	H. S. Graduate		Barber				Barbers	shop				
	17. FATHER'S NAME (First, Middle, Last) Unknown				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		OWII Route Number, City or Tow	a State Zin Cade					
욘	Martha C. Glorio	so (Wife)				Crisfield		1817				
	20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City of Town, State											
	4 Donation 5 Other (Specify) Meadowridge Memorial Park-5/10/96 Elkri											
	21. SIGNATURE OF FUNEBAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home											
	Robert H. Br	ádshaw, Jr.	72	306	W. Main S	t Crisfie	eld, MD	21817				
l	23. PART i. Entar the diseases, or can shock, or heart failure.	complications that cau List only one cause o	sed the daath. Do	not enter tha	moda of dylng, suc	h as cardiac or raspi	ratory arrest,	Approximata interval Between				
1	IMMEDIATE CAUSE (Final	4						Onsat and Death				
	disease or condition resulting in death) a. Cor Pulmonale Due TO (DR AS A CONSEQUENCE DF):											
-	COPN											
CERTIFICATION	Sequantially list conditions, if any, laading to immediata OUE TO (OR AS A CONSEDUENCE OF):											
<u>S</u>	cause. Entar UNDERLYING CAUSE (Diseasa or Injury	c	AS A CONSTRUCTION OF									
	that initiated avents resulting in death) LAST	DUE TO (DR A	AS A CONSEDUENCE O	IF):								
ä		d										
	PART II. Other significant condition	s contributing to deat	h but not rasuiting	in tha undari	Ing cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
EDICAL						1 _ YES 2	333.0	COMPLETION OF CAUSE DF DEATH?				
Σ								1 - YES 2 - NO				
AN	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH Y			N 🗆 📗						
BY PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:								
Ä	27. MANNER OF OEATH	28e. OATE OF INJUI	RY 28b. TIN	E OF 28c.	INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED					
≥	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yei	IV.	JURY M 1 [WORK? YES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE DF INJU building, etc. (3	URY At home, farm, Specify)	street, factory, o	ffice	28f. LOCATION (Street a City or Town, State)	and Number or Aur	al Route Number,				
COMPLETED		CIAN: To the best of my ki										
00	2 MEDICAL EXAMINE		ition and/or investigation	on, in my opinio	n, death occured at the	time, data and placa, en	d dua to the caus	e(s) and manner as stated.				
BE	296. SIGNATURE AND THUS DF CERTIFIEF				29c. LICENSE NUI			IED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHI		DEATH (ITEM 27) /5	Doint)	D291	<i>U</i> 3	5/9	/96				
	Christian J. Hudd				St Sal	isbury, MD	21801					
	31. DATE FILED (Month, Day, Year) 22. REGISTRAR SIGNATURE											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. SALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rav 1/89

1	è	STATE REGISTRAR
_		

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE (OF DEATH		REG. NO				
1. DECEDENT'S NAME (First, I	Viddle, Last)	DTOULS	240		Of	TOA	2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEA	тн
		RICHAI	EV .		Gk	RECO	May		1996		2:30	am
4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS	44.4	OF BIRTH		8. BIRTI Count	HPLACE (State or F	iorelgn
070-24-8331		1 K M 2 🗆 F	65	YRS.	MONTHS D	ATS HOURS MIN		. 10,1	931		ew York	
9a. FACILITY NAME (If not inst	itution, give str	eet and number)			9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COU	NTY OF D	DEATH	
Memorial Hos					Cumb	erland			A1	lega	ny	
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR I	OCATION					10d. INSIDE CIT	Y
WV	Hamp	shire		Au	gusta						1 YES 2	NO
10e. STREET AND NUMBER						101, ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?	
P.O. Box 3	06					26704					S.A.	
11. MARITAL STATUS 1 Never Married 2 X N	larried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S			DECENDENT OF HIS ia, specify Cuban, Me			a or No—	14, RAC Blec	E — American Ind ck, White, etc.	llen,
3 Widowed 4 Divorce		IF YES, GIVE W			t 🗆	YES 2 X NO Spi	ocify:			Spec		
15 DECE	DENT'S EDUC	Korean		A. DECEDENT'S	USUAL OCCI	PATION	1 401	. KIND OF BU	CINECC/INF		White	
(Specify only	highest grade o	completed)			work done duri	ng most of working	100	. KIND OF BU	SINE 35/INL	OSINY		
Elementary/Secondary (0-1	(2)	College (1-4 or 5 -	-)	Engin				Elect	nd a a 1			
17. FATHER'S NAME (First, Mid	idle Lest)	4		Liigili	CEI	18. MOTHER'S	NAME (Girat					
Frank	ore, Edity	Greco				France		VA115-301.1	enove	se		
19a. INFORMANT'S NAME (Tyr	oe/Print)			19b. MAILING	ADDRESS (S	treet and Number or Ru						
Margaret Gre	co			P.O.	Box 30	06 Augusta	a. WV	26704				
200. METHOD OF DISPOSITIO			20b. PL	ACE AND DATE	OF DISPOSITION	N (Name of	DAT	F 20c. LC	CATION -	City or To	own, Stata	
1 ☐ Burial 2 🗓 Cremation 4 ☐ Donation 5 ☐ Ottibs (val from Stata	Cumb	y, crematory or operland	ther plece) Crema	atory Ma	v 1,10	96 Cu	mber1	and.	Md.	
21. SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE			22. NA	ME AND ADDRESS OF	FACILITY			C L L C	1100	
> take	Je (1	111	0.	_/		ritt-Adam Decatur				Md.	21502	
23. PART i. Enter the dis	eeeee, or c	omplications tha	t caused th	e death. Do i	_					_	Approxim	nete
shock, or he	art failure. L	iet only one cau	se on eech	line.				ACCES OF	0000		interval I	Between
iMMEDIATE CAUSE (Final disease or condition		.,	0 1									_
resulting in death)		Hyperl	calemi	A. DISEOUENCE O	E)·						One	vaij
	_			al Fai							10 11	
Sequentially list condition				INSEQUENCE O							1.8 M	onthe
if any, leeding to immed csuse. Enter UNDERLYIN	IG											
CAUSE (Diseese or injur that initieted events	y S °	DUE TO	(OR AS A CO	NSEQUENCE D	F):							
resulting in deeth) LAST												
										,		
PART II. Other eignificen				-				24s. WAS AI PERFO		241	b. WERE AUTOPSY AVAILABLE PRIOR	OT F
Ischemic C	uracon	iyopatny,	, oangr	ene of	BOIN	regs, viat	etes	1 TYES	2 X NO		COMPLETION DF OF DEATH?	CAUSE
						Mell	itus				1 YES 2	NO
DID TOBACCO US	E CONTR	RIBUTE TO CA	USE OF I	DEATH YE	S NO	UNCERT.	AIN 🖼					
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITT	26.	PLACE OF DEA		one)						
1 TES 2 NO		HOSPITAL:	ER/Outpatia	m 3 🗆 DOA	OTHER:	Home 5 🗆 Residen	ce 8 🗆 Oth	er (Specify)				
27. MANNER OF DEATH		28a. DATE OF (Month, D		28b, TIM	IE OF 28	c. INJURY AT WORK?	28d. DE	SCRIBE HOW	INJURY OC	CURED		
1 Netural 5 P	ending restigation	(month)	-,,/			YES 2 NO						
3 Suicide 8 C	ould not be	28a. PLACE O	F INJURY — atc. (Specify)	At home, ferm,	streat, factory	, office	281. LO	CATION (Street or Town, State	and Numbe	r or Rural	Route Number,	
	etermined	23.13.19,					Uni)	. O rown, ordin	7			
29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the beet of	my knowledg	e, death occurr	ed at the time	, date end place, and	due to the ce	ruse(a) and me	nner as ats	ted.		
Conduct Only						ion, death occured at					(a) and manner es	stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	1	11	1		29c. LICENSE	NUMBER		29d. DA1	E SIGNE	(Month, Day, Yea	7)
	N	, H- Ka	11/1/	3		D 19	318		•	5/	1/96	
30. NAME AND ADDRESS OF			-			Loud Ho	015	10		May	1st 1	996
21 DATE Ell ED (Month One V	haci	20 DECISTO	DIC CIONATI	Inc		rland, MD	2150)				
MAY	021	1996 Jul	in Days	dear Rand	lath							

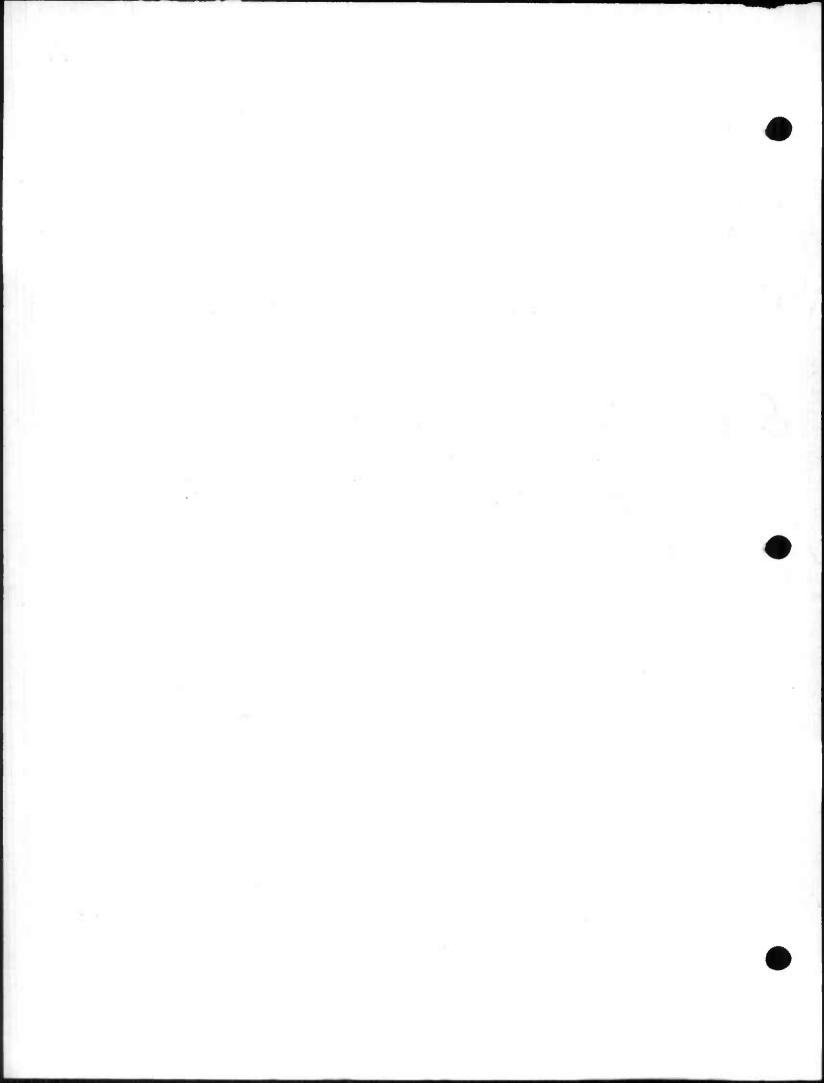
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



		FOR
1	_	STATE
		REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		SIMIE UF I		ERTIF	CATE OF			MENIA	REG. I			
1. DECEDENT'S NAME (First				-			_	2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
FLOSSIE	C. GAI	RLITZ						May	4, 1	996		3:00 р м
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. le		IF UNDER 1 YEAR	HOURS	24 HRS.	7. DATE (Mont)	OF BIRTH)	8. BIRT Coun	HPLACE (State or Foreign try)
217-80-395		1 M 2 X F	74	YRS.					27 1			YLAND
9a. FACILITY NAME (If not it					9b. CITY, TOWN		ON OF DI	EATH		-	COUNTY OF	
ST. VINCEN		JL NURSI	NG CENT	ER	FROST	BURG				A	LLEGAN	(X
10e. STATE	10b. COUNTY			10c. CITY	Y, TOWN OR LOC	ATION						10d. INSIDE CITY
MARYLAND	GARE	RETT			FROSTB	URG						1 YES 2 X NO
10e. STREET AND NUMBER	1				1	of. ZIP CODE				10g.	CITIZEN OF	WHAT COUNTRY?
624 BEALL	SCH00L	ROAD				2	2153	32			US	A
11. MARITAL STATUS 1 Never Married 2 2 3 X Widowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. A 1 YES 2X WAR OR OATES	RMED NO	It yes,	ECENDENT OF SPECIFIC CUBER	i, Maxica	en, Puerto I			14. RAC Blac Spe	CE — American Indian, ct, White, etc. city: WHITE
	CEDENT'S EDUC		1	Give kind of v	USUAL OCCUPAT		a	16b	. KIND OF	BUSINES	S/INDUSTRY	
Elementary/Secondary		College (1-4 or 5	+)	e. Do NOT us					OTDI	ПОМ		
7				HOM	EMAKER					HOM		
17. FATHER'S NAME (First, I	Widdle, Last) KENZIE						DRA	AME (First,	Middle, Mai ATON	den Sumai	ne)	
19a. INFORMANT'S NAME				OF MAILING	ADDRESS (Stree					Town Stat	e Zin Code)	
												21522
MARGARET 20a, METHOD OF DISPOSI	TION				SCHOOL OF DISPOSITION		PRU	DAT			N — City or 1	21532 Town, Stata
1 St Buriel 2 Cremet		oval from State	cametery, c	remetory or o				5/8		FROS'	TBURG.	MARYLAND
A SUCHATURE OF FUNER	-	ENGEE I	. 0			AND ADDRES	S OF F	77 7				
PI Dow	alex.	1	Jake	>	HAFE	R FROS	ST M	IANSI	ON F	UNER	AL HON	Œ
23. PART I. Enter tha		omplications th	at coursed the	leath Do								Approximate
		List only one ca			lot enter the n	lode of dyl	ng, auc	CII ES CEN	ulac of re	sapirator	y arrest,	interval Batween
iMMEDIATE CAUSE (Fi	inal	CI	1 5 7 8 1	1 A	12.01	2-1	—					Onset and Daeth
reaulting in death)	\rightarrow	a. <u>JU</u>	DDJ-M	EQUENCE O	ED TOTO	MZA	117					10 MINUTE
	_	a. Su due to	0-00	NAM	ART	5R4	21	C E A	5			54RS-
Sequentially list condi	troine,	b. DUE TO	O (OR AS A CONS	EOUENCE O	F):	-		7 ISI	No.			
cause. Enter UNDERL'	rING	c.										
CAUSE (Disease or in thet initiated events		DUE TO	O (OR AS A CONS	EQUENCE O	F):							
resulting in death) LA	ST	d										
PART II. Other aignific	ent condition	e contributing t	o death but not	t resulting	in the underly	Ing cause o	aiven in	Part I.	24a, WA	S AN AUTO	PSY 24	Ib. WERE AUTOPSY FINDINGS
		CUAAR								S 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
0400	NIC 2	BSTRUK	TIYE L	uNG	DISEA	112		_	I I II TE	*	.	OF DEATH?
DID TOBACCO							FRTAI	N M				1 723 2 110
25. WAS CASE REFERRED					TH (Check only or							
EXAMINER?		HOSPITAL:	☐ ER/Outpatlent	3 🗆 DOA	OTHER:	ome 5 🗆 Re	aldenca	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28e. DATE C	OF INJURY Day, Year)	28b. TIN	E OF 28c. I	NJURY AT				OW INJUR	Y OCCUREO	
1 Natural 5 2 Accident	Pending Investigation	(MOINI),	Day, rear)	- "		YES 2	NO					
	Could not be	28e. PLACE building	OF INJURY — At	home, term,	street, tectory, of	fice		28f. LOI	CATION (St	reet and N	umber or Rura	i Route Number,
4 Homicide	determined											
29a. CERTIFIER (Check only	RTIFYING PHYSI	CIAN: To the best	of my knowledge,	death occurr	red at the time, d	ets and place	, and du	e to the ce	iuse(a) and	manner s	e stated.	
ana)	OICAL EXAMINE	R: On the beele of	exemination end/o	or Investigation	on, in my opinion	, death occur	red at the	e time, dat	e and plec	e, and due	to the cause	e(e) and manner as stated.
29b. SIGNATURE AND TITE	E OF CERTIFIE	R				29c. LICE	ENSE NU	JMBER .		29d	. DATE SIGNE	ED (Month, Day, Year)
	Hed	مار				75	69	07		•	MAY	6,1996
30. NAME AND ADDRESS HARJIT S			•	, , , ,		BERLAN	ND,	MARY	LAND	215	02	
21 DATE EU ED (Month De	y Mari	22 DECIST	DAD'S SIGNATURE					_				
MAY	07199	6 Juli	Davidson 8	ardall								

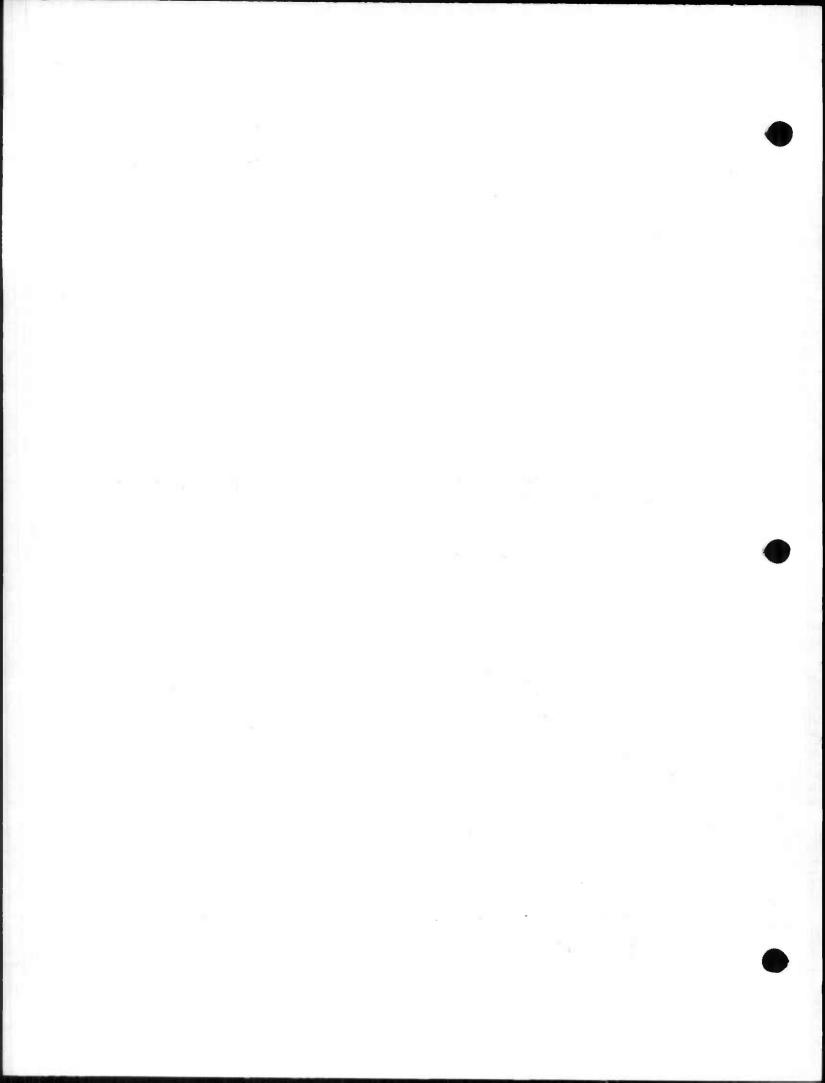
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

15519

			001111	route e	Deam		Reg. No.		
cian lical	Decedent's Neme (First, Middla, Las ELIZA	t) 	GEI	NTRY		2. Deta of De Month MAY 1	Dey	Yeer	Time of Deeth 230 A
iner	4a. Facility Nama (If not institution, giva	straet and number)			4b. City, Town, or	Location of Dee	th 4c. County	of Deeth	
	Sacred Heart Ho				Cumberl			egany	
r	210-22-0312	7		Under 1 Ye onths De			nth ey, <i>Year)</i> 1906	9. Birthplece Country) Maryl	(Stete or Foreign and
7	Usual Residence of Decedent 10a. Stete 10b. County	100	City, Town or Locati	00				104 1	naida City Limita
ctor	Maryland Allegan		rostburg	OIT					nside City Limits ☐ Yes 2 No
Director	10e. Street and Number			Of. Zip Code	Э		10g. Citizen of \	Whet Country?	
a C	Frostburg Villag	e Way		21	532		United	States	
Funeral	11. Marital Status	12. Was Decedant Evar in Armed Forcas?	U,S. 13. Was	Decedant of	of Hispanic Origin? (uban, Maxican, Pua	Specify Yes or N	0- 14. Rac	e - Americen Ir ck, White, atc.	ndien,
by Fu	1 Never Merried 2 Married 3 Wildowed 4 Divorced	1 Yes 2 No		Yes 2 1		ito i ilodii, ato.,		White	
	15. Decedant's Ed	ucation	16a. Decedent	's Usuel Oc	cupetion		16b. Kind of B		у
ple	(Specify only highest gred	College (1-4or 5+)	life. DO	VOT usa rat	ne during most of wo ired)	orking			
Completed	Elementery/Secondary (0-12) UNKNOWN		Homen	naker			Home		
Be	17. Fathar's Name (First, Middle, Last)				18. Mother's Na	me (First, Middle	, Meiden Sumen	ne)	
10	George Davis				Mar	y Jones			
	19e. Informent's Neme/Reletionship (T	ype, Print)	19b. Mailing A	ddress (Stre	et end Number or F	lurai Route Numl	per, City or Town,	Stete, Zip Cod	(e)
	Frances Custer		20802 W	ater S	Station R	in Lona	coning,	Md. 215	39
	20e. Method of Disposition		Plece of Disposition	n (Neme of		Rd Dete	20c. Location -	City or Town,	Stete
	1 N Buriel 2 □ Crametion 3 □ 4 □ Donetion 5 □ Other (Specify	Ramoval from Stata			rial Park	5-14-96	Frostb	ourg, Mo	1.
	21. Signature of Funeral Service Licens	399	22. Na	ama and Ad	dress of Fecility	1		(,,	
	1/1/11/10	(Kon)			neral Hon			0.0	
	23a. Pert1. Enter the disaasa, or comp	lications that caused the de			St. Lone				proximete
	shock, or heart feilure. List only of	one ceuse on each line.	att. Do not onto t	10 111000 01 0	Jynig, soon os caron	o or respiretory t	311031,	Inte	rval Between set end Deeth
	Immediete Ceuse (Final	A		P	0				A: A:
	disease or condition resulting in deeth)	e. A Certe My	ocardus	h	facelin			0	ne Bay
9		Due 16	(or es e consequen	ice of):					
Examiner		b. Covona	my andry	des	eos				5 year
Xa	Sequentially list conditions, if eny, leading to immediate	Due to	(or es e consequen	ce of):				1	
<u>a</u>	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events	c		TOUR				1	
edical	resulting in deeth) Last	Due to	(or es e consequen	ce of):				1	
8		d							
Physician	Part II. Other significant conditions co	ntributing to death but not r	asulting In tha undar	rlying cause	given in Pert I.		tobacco use co		
된	Sieir Simin gy	Irom , Delas	ed Isch	emic		1□	Yes 2 No	3 Probably	4 DUnknow
Completed by	Sieis Ennis Eyr Cardio myo					240 18/0	s an eutopsy	24h Were a	utopsy findings
ete	Cardio myo	hathy Hyper	enseer			perf	ormed?	eveileb	le prior to tion of ceuse
d L								of deat	1?
8						1 🗆	Yes 2 No	1 □ Ye	s 2□No
	DE Mon soon referred to madical	Lie enited.				eth (Check only	one)		
Be	25. Was cese referred to medical exeminer?	Hospitel: 1 Donpatient 2	☐ ER/Outpatient :	DUA			idence 6 Oth		
2	exeminer? 1 Yes 2 No				niury at	28d. Describe	how Injury occur	red	
2	exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Noturel 5 Pending	28e. Dete of Injury (Month, Dey Year)		28c. Ir V M 1					
2	exemIner? 1 Yes 2 No 27. Menor of Death 1 Notering 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. Dete of Injury (Month, Dey Year) 28a. Place of injury - At	home, farm, streat,	M 1	Yes 2 No	28f. Location	(Street and Numb	per or Rural Ro	ute Number,
2	exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Nother 5 Pending 2 Accident Investigation	28e. Dete of Injury (Month, Dey Year)	home, farm, streat,	M 1	Yes 2 No	28f. Location City or To	(Street end Numb wn, Stata)	per or Rural Ro	ute Number,
Certification: To	exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Noturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. Certifier (Check only 2 Medical Exam)	28e. Dete of Injury (Month, Dey Year) 28a. Place of Injury - At building, etc. (Spe	home, farm, streat,	M 1 fectory, office	Yes 2 No	City or To	wn, Stata)	enner es steted	
ledical Certification: To	exemIner? 1 Yes 2 No 27. Mennet of Death 1 Note: Service of the service of the	28e. Dete of Injury (Month, Dey Year) 28a. Place of Injury - At building, etc. (Spe	home, farm, streat,	fectory, officeurred at the igetion, in m	Yes 2 No	City or To	wn, Stata)	enner es steted end dua to tha	cause(s)
ledical Certification: To	exeminer? 1 Yes 2 No 27. Menne of Death 1 No Neural 5 Pending 1 Nestigetion 3 Suicide 6 Could not be determined 29a. Certifier (Check only one) 29b. Signetura and title of certifier	28e. Dete of Injury (Month, Day Year) 28a. Place of Injury - At building, etc. (Spe	home, farm, streat,	M 1 fectory, office curred at the getion, in m 29c. Lice	Yes 2 No	City or To	ceuse(s) end me, dete end placa,	enner es steted end dua to tha	cause(s)
Medical Certification: To	exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. Certifier (Check only one) 1 Certifying Phy one)	28a. Place of Injury (Month, Day Year) 28a. Place of Injury - At building, etc. (Spe sician: To the best of my kiner: On the basis of exemiend menner steted.	home, farm, streat, ਸੰਸੂ) nowledge, death occ netion end/or Investi	M 1 fectory, office curred at the igetion, in m 29c. Lica	Yes 2 No	City or To	ceuse(s) end me dete end placa,	enner es steted end dua to tha	cause(s)

3. Time of Deeth

10:08 PM

3.K.S)	ITEMS	: 23	PART	I,	27,	,
	_						

	TIEMS: 23	PARI	1, 27	, State of	Maryland /	Department	of Health	and Mental	Hygi	ene
f.	PER NEO F	ILM G	-735	5/31/96 t.t		Certificate	of Deat	h		

28a-1,	PER	MEU	FILM	6-/35	5/31/96	t.t
	1. D	eceder	nt's Name	(First, Mic	ddle, Last)	
Physician		EN	ILLY		France	sca

Certificate of Death

Reg. No 2. Dete of Deeth

U.S.A.

/Medical Examine

Directo

Funeral

þ

Completed

Be

2

Examiner

Physician/Medical

by

Completed

Be

2

Certification:

Medicai

4a. Fecility Neme (If not institution, give street end number)

1□M 2XF

MAY 4b. City, Town, or Location of Deeth 12,1996 4c. County of Deeth

Funeral Director

"natural", Br

marked other with and Mental HA

of Health Item 27 k

Physician

/Medical

Examiner

physician and the burial-transit

attending p

signed by the a

been si

After this certificate has funeral director, page 2

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica

To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760

0 Department of Important: If Its any injury or o

filed within Hygiene. Wher then

Pages 1 and 2 should

Baltimore,

MALCOLM GROW HOSPITAL A.A.F.B 7. Age (In yrs. last birthday) CAMP SPRINGS

PRINCE GEORGES

10a. Stete

10b. County Maryland Prince Georges 10c. City, Town or Location Camp Springs

Yrs

HARRIS

| If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | 9. Birthplace (Stete Country) | 8 | 10 | September 2,1995 | Germany

10d. Inside City Limits

Birthplace (State or Foreign Country)

10e. Street end Number

220-45-5737

Usual Residence of Decedent

10f. Zip Code

1 ☐ Yes 2 No 10g. Citizen of Whet Country?

4365 Largo Lane 11. Maritei Status

12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Detes:

13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Specify:

14. Reca - American Indien, Bieck, White, etc.

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

15. Decedent's Education (Specify only highest grede completed)

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

White 16b. Kind of Business/Industry

Elementery/Secondery (0-12) 0 Years

College (1-4or 5+)

N/A

20762

1 ☐ Yes 2X No

N/A

Specify:

17. Fether's Neme (First, Middle, Last)

Frank L. 18. Mother's Neme (First, Middle, Melden Surname) Virginia A. Diaz

Dete

19e. informent's Neme/Reletionship (Type, Print)

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4365 Largo Lane Camp Springs, Md. 20762

Frank L. Harris

20e. Method of Disposition Buriel 2 Cremation 3 Removel from Stete 20b. Plece of Disposition (Name of cemetery, cremetory or other plece)

20c. Location - City or Town, Stete

4 ☐ Donetion 5 ☐ Other (Specify)

Mt. Olivet Cemetery May 15,1996

Frederick, Maryland

21. Signature of Funeral Service Licensee

and Enter the divease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. List only one cause on each line.

Harris

Douglas A. Fiery Funeral Home 1331 Eastern Blvd. North Hagerstown, Maryland21742

Approximete Interval Between Onset end Deeth

immediete Ceuse (Finel diseese or condition resulting in deeth)

ASPHYXIA

Due to (or es e consequenca of)

HANGING

Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest

Du	e to	(or	es	Θ	consequence of):
----	------	-----	----	---	------------------

Due to (or es e consequence of):

Pert it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

2 No

24b. Were eutopsy findings eveileble prior to completion of cause of death?

26. Place of Deeth (Check only one)

Ves 2□ No

25. Wes case referred to medical examiner? XYes 2□ No

5 Pending investigetlon

6 Could not be

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) FOUND 5-12-96

FOUND AT 9:00

28c. Injury et Work? 1 Yes 2XXNo

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

INFANT HANGED SELF ON BLIND'S CORDS

28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) HOME

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4365 D'LARGO LANE ANDREW'S AIR FORCE BASE P.G. CO., MD

29a. Certifier

27. Menner of Deeth

1 Neturel

2 XXAccident 3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es steted.

**Adedical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. 29c. License number 29d. Dete signed (Month, Day, Year)

29b. Signature end title of certifier

moterna com

O.C.M.E

111 Penn Street, Baltimore, Maryland 21201

MAY 13, 1996

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

5 1996

Dennis hute MD 31. Dete filed (Month, Dey, Year)

32. Registrer's Signature

State Registrar

DHMH 16 Rev 6/95

Helin Davoler Kardall

we s ve i

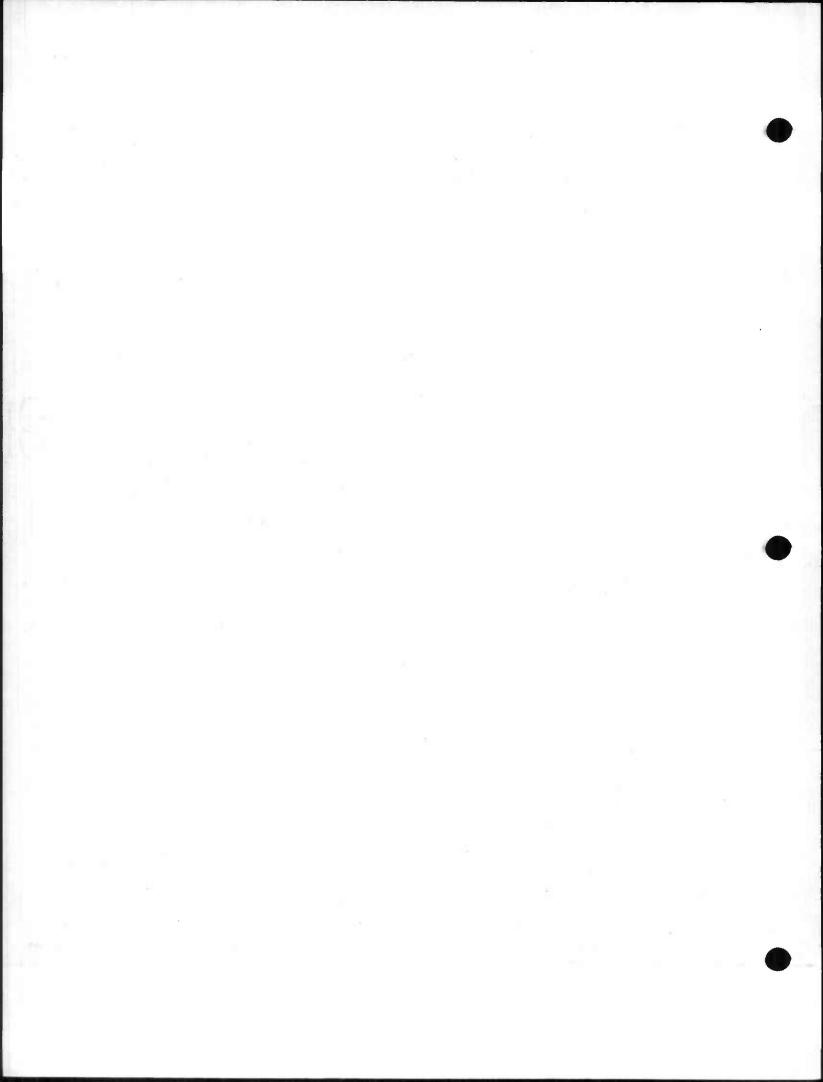
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

								20	10021
	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR				NTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)		. 1				DATE OF DEATH	V YE	3. TIME OF DEATH
	Charles	William -	Hav	ens			May 13	100	16 330 Pm
	4. SOCIAL SECURITY NUMBER 212-32-3162	5. SEX 6. AGE (in)	yrs. lest birthday) 9 2 ^{YRS.}	IF UNDER 1 YE		24 HRS. 7. MIN.	DATE OF BIRTH (Month, Dey, Year) ULIV 12		BIRTHPLACE (State or Foreign Country) New York
	9a. FACILITY NAME (If not institution, give st	treet and number)	J.	9b. CITY, TO	WN OR LOCATION			9c. COUNTY	
8	Asbury Methodi	st Village		Gait	hersb	urg		Mont	gomery
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY								
E	2200E			Y, TOWN OR LO					10d. INSIDE CITY LIMITS?
	Maryland Mont	gomery	9	aithe	101. ZIP CODE			40. 017/751	1 YES 2 NO
RA	201 Russell Av	727110				877			ed States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	I.S. ARMED	13 WAS			DRIGIN? (Specify Yes		
	1 Never Married 2 Married	FORCES? TYPES IF YES, GIVE WAR OR DATE	2 ND	II yes		n, Maxican, P	uarto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify:
B	3 X Widowed 4 Divorced	WWI			TES I AND	Specify.			white
윤	15. DECEDENT'S EDUC (Specify only highest grade		6a. DECEDENT'S	USUAL OCCUI work done durin se retired.)	PATION g most of workin	ng	16b. KIND OF BUS	SINESS/INDUST	RY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)					201100		
COMPLET	17. FATNER'S NAME (First, Middle, Last)	1	coach/	athre			colleg		
	Charles W. Hav	7005				abel	(First, Middle, Melden Heal		
8	19a. INFORMANT'S NAME (Type/Print)	ens	19b. MAIL INC	ADDRESS (St			e Number, City or Town		tel 20007
임	Charles W. Hav	zens III							shington, DC
	20a. METNOO OF DISPOSITION	20b. P	LACE AND DATE	OF DISPOSITIO				CATION — City	
	1 X Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	Comete	ery, crematory or constant	ther place)	- /	,		stmins	ster, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAN	E AND ADDRE	SS OF FACILI	TY		
	Vatrue &	2:40 Augit	a m				al Home		
	23. PART i. Enter the disesses, or o			not antar the	mode of dy	ing, such s	s cardiac or respi	ratory srrest,	
	ehock, or heart fellure.	List only one ceuse on eec	h line.						Interval Between Onset and Death
		Congesti	un Ha	art F	70 1111	50			6 Mg
	resulting in death)	a. Congesti							0 1110,
Z	Sequentially list conditions,	· Chronic	obstru	ctive	Lun	a Di	isease		5 years
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	DNSEDUENCE O	F):	-	J			
FIC	CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A C	ONSEDUENCE D	F):					
E	reaulting in deeth) LAST								
S		u.							
NA I	PART II. Other significant condition	a contributing to deeth but	not reculting	in the under	lying ceuse (given in Par	rt I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ŏ	Schar Tall	116					1 TYES 2	KHD	COMPLETION DF CAUSE DF DEATH?
X	DID TOBACCO USE CONTI	DIBLITE TO CALISE OF	DEATH V	ES VI NO	I IINC	ERTAIN			1 TYES 2 TO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		. PLACE DF DEA			LKIMIN			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpati	lent 3 DOA	OTHER:	Nome 5 R	naidence 8	Other (Specify)	****	
Ŧ	27. MANNER DF DEATH	28a. DATE DF INJURY (Month, Day, Year)	28b. TIR		. INJURY AT		d. OESCRIBE HDW I	NJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(MORTI, Day, 1681)			WORK?	ND			
ED B	3 Suicida 8 Could not be	28e. PLACE OF INJURY — building, aic. (Specify	At home, larm,	street, factory,	office	28	I. LOCATION (Street & City or Town, State)	and Number or F	Tural Route Number,
	4 Homicide determined								
PL		ICIAN: To the best of my knowled	iga, daath occur	red at the time,	data and place	, and dua to	the cause(s) and mar	ner as stated.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of examination a	and/or investigati	on, in my opini	on, death occu	red at the tim	e, data and placa, an	d dua lo lhe ca	iuse(s) and manner as stated.
ш	296, SIGNATURE AND TITLE OF CERTIFIEF	210			29c. LIC	ENSE NUMBE	R	29d. DATE SI	GNED (Month, Day, Year)
TO B	Que	SUVIORS	2	mD		723	31	m	ay 13 1996
	30. NAME AND ADDRESS OF PERSON WHI	D COMPLETEO CAUSE DF DEAT	-	on kes	A110	Con	itherst	21100 1	mD 20077
	31. DATE FILEO (Month, Day, Year)	32. BEGISTRAN'S SIGNAT	URE	00,000	1000		1 11/6/2	Juig 1	112 2001
	MAY 1 4 199	16 Julia di video	roundally					017.5	
									DHMH-18 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

15522

					Cer	tificate o	f Death		Reg. No.		
Physici	an	Decedant's Nama (First, Middle	a, Last)					2. Data of D Month	eath Dev	Yaar	3. Tima of Deeth
/Medic		HOMER DAVID	HARRIS					MAY	06 1	996	05:56 A.N
Examin	er	4a. Fecility Name (If not institution	n, giva street and n	um <i>ber)</i>			4b. City, Town, o	r Location of Dea	th 4c. Count	y of Death	
		Sacred Hea		tal			Cumber1		Alle,	gany	
Funeral		5. Sociel Sacurity Number	6. Sax 1 M 2 □ F	7. Age (In yr.	s. last birthday)	If Undar 1 Yes			irth lay, Year)	9. Birthpl Coun	lece (Stata or Foreign try)
Director		212-32-2782	1 /2 (M) 2(1)	68	Yrs.			Oct. 2	1,1927		ginia
g *		Usual Rasidance of Dacedant 10a. Stata 10b. County		10c. (City, Town or Lo	cation				10	Od. Inside City Limits
7 49	ō									'	1 ☐ Yes 2 No
	Director	Pennsylvania 10e. Street and Number	Bedford		Bedford	10f. Zip Coda			10g. Citizan of	M/hat Caus	
- 9 00			585						United		
12.0	Funeral	Rt. 3, box		cedent Ever in	U.S. 13 V	Vas Decedant of		Specify Yes or N		ce - America	
No. of the last	Fun	1 Nevar Married 2 Marri	Armed F	orcas?	if	Yes, specify Cu	Hispanic Origin? (ben, Maxican, Pua	rto Ricen, atc.)		ick, Whita, a	atc.
Maryland 21215-0020 td 2 should be filled within 72 hours ah th and Mantal Hyghen. T is marked other than "natural", or Traumatic event, the Medical Exam	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, G Yeer or	2 No liva Datas:	1	☐ Yas 2 N	o Specify:		Specia	White	e
2 tho	ted	15. Decedent	's Educetion		16a. Deced	ent's Usual Occ	upation		16b. Kind of B		
Median	Completed	(Specify only highes Elementery/Secondery (0-12)		(1-4or 5+)	(Giva	kind of work don OO NOT use ratii	upation a during most of w red)	orking			
filled within Hyglene. ther then "	νος	77	_	(Far	rmer			Dairy	Farmi	ng
al Hygi other vent, I	Be (17. Fathar's Name (First, Middle,	Last)				18. Mothar's No	ama (First, Middl	e, Maidan Sumai	na)	
thould by d Monta marked matter ev	To	Scott	D. Har	ris			Mart	ha Irer	ie Jenk	ins	
and 2 should be saith and Montal n 27 is marked of ner traumatic ever	·	19a. Informant's Name/Ralations	hlp (Type, Print)		19b. Mailin	g Addrass (Stre	et and Number or I	Rural Routa Num	ber, City or Town	, Stata, Zip	Coda)
1 and Health em 27 other tr		Betty Eckenrod	e Harris/	wife	Rt.	3, Box	585/ Bed	ford, Pe	ennsylva	nia	15522
ges 1 ar f of Hea if flem 2 or other		20a. Mathod of Disposition 1 ■ Buriai 2 □ Cremetion	2 Demoval from		Piace of Dispos cemetery, crem	sition (Neme of netory or other p	lece)	Date	20c. Location	- City or To	wn, Stata
mit. Pag partment cortant: It injury o		4 Donetion 5 Othar (St			ocky Hi	11 Cemet	ery	5-10	Woodsb	oro,Ma	aryland
permit. Pages 1 an Department of Heal Important: if item 2 any injury or other ancie.		21. Signeture of Funaral Service I	Licensee		22	Neme end Add	ress of Fecility S	TAUFFER	FUNERAL	HOME	
88558		Dumma	130	name	J 1/	521 Opno	sumtown				21702
1		23a. Part1. Forer the disaase, or shock or haart failure. List	complications that	caused tha da	ath. Do not ente	or the mode of d	ying, such as cerdi	ac or raspiratory	arrast,	, Mu.	Approximete
Physician		SHOOL OF HEART ISHOTO. EIST								1	Interval Batween Onset end Death
/Medical		Immediata Causa (Final disaasa or condition	MY	OCAR	DIAL	- / N/F	CARCT	1017			30 min
Examiner		rasulting In deeth)		Don to							1
D #	ine		- DIAR	BETIL	ARTER	10 S(LE	RUTIC C	4(D10 01	45 (ULARID) 4	EALE	10 yts
ecute end -trans	Examiner	Sequentially list conditions,			(or es e conseq	1				i	
ificete be exe g physicien e as the buriel-		Sequentially list conditions, if eny, laading to immadiata ceusa. Entar Undarlying Causa (Disease or Injury	C								
certificete be executed ding physicien end se as the buriel-transit	edicai	that initiated evants rasulting in death) Last		Dua to	(or es e consequ	uence of):					
ding	3		d							İ	
- C 3	Physician									1	
Attending Physician: The law requires that the deeth or deeth. sctor: After this certificate has been signed by the etter by the funeral director, page 2 should be deteched for it.	ysic	Pert II. Other significant conditio	ns contributing to d	death but not ra	sulting in tha ur	darlying causa (givan in Part I.				the cause of death?
		hypervolemi	6 +011	JUINS 1	below k	nel aw	putation	7	Yes 2 No	3 ☐ Prob	pably 4 Unknown
uires sign id be	d by	()	1. 1	L		^		24a. Wa	s an autopsy	24b. W8	ara autopsy findings
w requir been s should	Completed	from renai	01/9/	1160	1) 5865	<i>V</i>		per	formed?	cor	eilable prior to mpletion of ceuse daath?
The law rate has page 2	Ĕ								Van all		
iclan: The		25. Was casa rafarrad to medicai					00 00 -40		Yas 2 No	1 1]Yes 2□ No
sicia	o Be	axaminer?	Hospital:	Hamakiana Ol	DED/0. ****	C	Wher	eath (Check orlly		10 4	
or Attending Physician: The law requires the effer deeth. Director: After this certificate has been signe in by the funeral director, page 2 should be c	7: To	27. Menner of Death	1 - 1 -		☐ ER/Outpatient 28b. Time of	3LI DOA	4 LI Nursing		idance 6 Otl	. (')
ding Afte	tor	1 DNatural 5 Panding		of injury oth, Day Year)	Injury	28c. Inj W	ork? ⊒Yas 2 ⊒No		,,,,,		
deel ctor: y the	Certification:	3 ☐ Suicida 6 ☐ Could n	ot bo	e of Injury - At	homa, farm, stre	et, factory, office		28f. Location	(Street and Num	ber or Rura	l Routa Number.
or effer Oire	eri	4 Homicida	build	ling, atc. (Spec	city)	,		City or To	wn, Stata)		,
epita ours neral		29a. Cartifiar 1 Certifying	g Physician: To the	a best of my kr	nowledga, death	occurred et the	time, deta and piac	ce, and due to the	causa(s) and m	anner as st	ated.
To the Hospital or Attanding Physician: within 24 hours effer death. To the Funeral Director: After this certified completely filled in by the funeral director,	edicai	(Check only 2 Medical E	Examiner: On the b	pesis of axamir	nation and/or inv	astigation, in my	opinion, deeth occ	curred et tha time	, deta end place,	and dua to	tha cause(s)
om thin	Me	29b. Signetura end titla of certifier				29c. Licar	nsa number		29d. Data signe	ed (Month, L	Day, Year)
->	İ	10 miles 3	man	34		n	09231		MAY 06	1000	4
	}	30. Nama and addrass of person v	who completed call	se of deeth (the	am 23a) (Tuno 1	Print)			MAY 06	, 1990	コノミハン
		DONALI) F. M	MANGER	1 4	4)	JAZE1	V ROAL	NE	CUMBER	LAN	D 9/17
Sta	e	31. Data flied (Month, Day, Year)	32.1	Ragistrar's Sign	nature	1 /		. 1 600			
Registra		MAY 1		. 0	vileor Ron	1-11					
DUMH 16 Bey 6/05		WAYL	4 1330	Janes was	ACM ACM	ALL ST					

The same of the sounds,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** Month Dey Yeer 4b. City, Town, or Location of Beath 2300 1996 /Medical 4e. Facility Neme (If not institution, give straet end number) 4c. County of Deeth Examiner SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. 5. Social Security Number 6. Sex Birthpleca (Steta or Foreign Country) **Funeral** 1□ M 212 F Days 222-05-5310 Usual Rasidence of Decedent 80 Yrs. Director Virginia 10a. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Maryland V 10e. Street end Number Directo orcester ocomoK 10g. Citizan of What Country? 10f. Zlp Code 6 2185 Items 23a nnhaven rive Funeral 12. Wes Decedant Evar In U,S Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuben, Maxican, Puarto Rican, atc.) Rece - Amarican Indien, Bleck, White, etc. 11. Marital Status Peges 1 and 2 should be filed within 72 hours after nent of Heelth and Mental Hygiene. 1 Yas 2 No If Yas, Giva Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 natural', or 1□ Yes 2☑No Specify þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuei Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede comp 16b. Kind of Business/Industry completad, Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than eny Injury or other traumatic event, the Me Elamantary/Secondary (0-12) College (1-4or 5+) 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Maidan Surneme) Be 2 arence Donie 19a. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) ocomoKe, Md. 2185
Dete 20c. Location - City or Town, Stete oseman 20b. Plece of Disposition (Neme of cemetery, cremetory or other) Method of Disposition 1 Buriei 2 ☐ Cremetion 3 Removei from State Union Greenbackville Cemetery 5-10-96 Greenbackville 4 ☐ Donetion 5 ☐ Other (Specify) of Funeral Service Licensee 22. Neme and Address of Fecility 23a. Pert. Entar tha disease, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximata Interval Between Onset end Deeth Physician /Medical Immediata Cause (Finel diseese or condition rasulting in deeth) Examiner Examiner attending physician and for use es the burial-transit To the Hospital or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Ceusa (Diseese or Injury that initiated events rasulting in death) Lest Due to (or es e consequença of) Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): signed by the at Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Be Completed by 24b. Were eutopsy findings availabla prior to completion of causa of deeth? 791e. Wes an autopsy performed? s certificate has l 1 Tas 2 12 No 1 ☐ Yas 2 ☐ No Division of Vital director, 25. Wes case referred to axeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 20 1 Inpatient 3□ DOA 2 ER/Outpatient this 28e. Data of Injury (Month, Dey Year) Certification: 27. Manner of Deeth 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? After 5 Pending investigation 1 Naturei n 24 hours efter deeth.

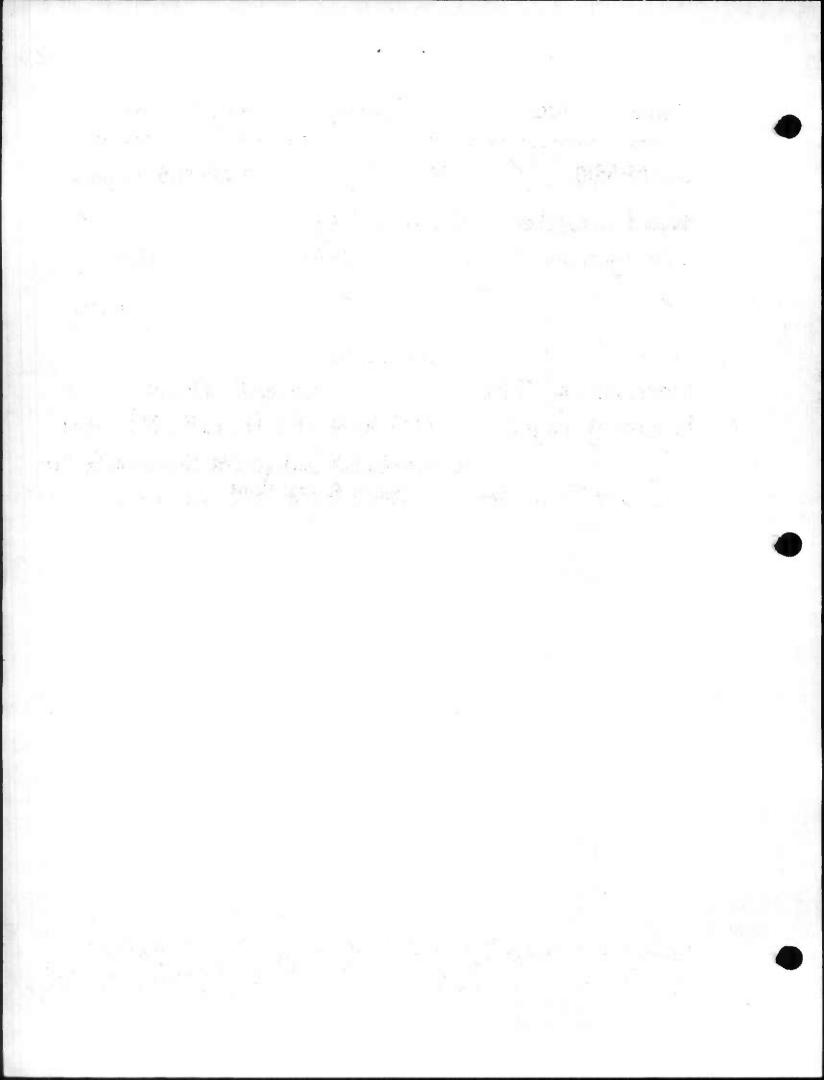
Le Funeral Director: Aftipletely filled in by the fur 1 Tyes 2 Accident 3 Suicida 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, office building, atc. (Spacify) 4 Homicide 1 Certifying Physician: To tha best of my knowledge, deeth occurred at the time, dete end plece, end dua to the causa(s) and manner as stated.

| Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29a. Certifier Medical within 24 hou To the Fune completely fi (Check only 29b. Signature and title of certifier 29d. Data signed (Month, Dey, Year) 29c. License number 30. Neme end address of person who complete cause of daeth (Item #3a) (Type, Print) Evange

State Registrar 31. Data filed (Month, Dey, Year)

32. Registrar's Signeture

IAY 1 4 1996 Julia David



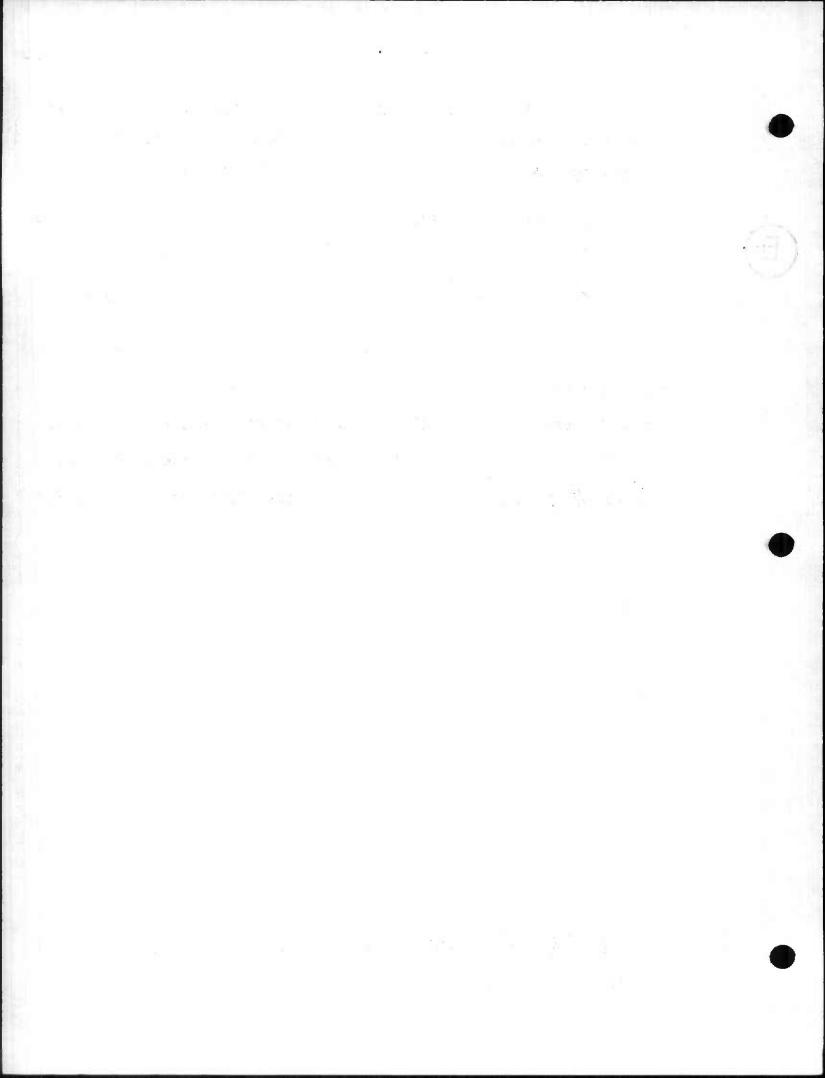
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

				Certificate of	f Death	Re	g. No.		
		1. Decedent's Neme (First, Middle, Last)				2. Date of Deeth Month		Vaar	3. Time of Death
Physician /Medical	-	CHELSEA Elis	e	HUNGELMANN		MAY 01.	Day 1996	Yeer	5:13 p.m.
Examiner	_	4a. Fecility Name (If not institution, give s	street end number)	IIOTOMENT.	4b. City, Town, or Lo		4c. County	of Deeth	3 (13 ptm)
		THE JOHNS HOPKINS	S HOSPITAL		BALTIMORE	CITY			
Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs. le		r If Under 24 Hrs.	8. Date of Birth (Month, Day,	Vanel	9. Birthpl	ace (State or Foreign
Director		219-45-0153	M 202 F	Yrs. Months Day	s Hours Min.	11-1-190	95	Mary	
0		Usuel Residence of Decedent						T TOOL S	31001
da da		10e. State 10b. County	10c. City,	Town or Location				10	Od. Inside City Limits
28a-f.: notifies	2	Maruland Somers	et Pri	ncess Hor	ne				1 ☐ Yes 2 Z No
or items 23a or 28a-fai aminer must be notified 7 Funerral Director	2	10e. Street and Number		10f. Zip Code		10	g. Citizen of V	Whet Count	try?
23a or untibe		30558 Creek	View Driv	e 218:	53		U.S	S. A.	
r Items 23c		11. Merifel Stetus	 Wes Decedent Ever In U,S Armed Forces? 	i. 13. Wes Decedent of	Hispenic Origin? (Spe ban, Mexicen, Puerto I	cify Yes or No- Ricen, etc.)		e - America k, White, e	
		1 Never Merried 2 Married	1 ☐ Yes 2 ☑ No If Yes, Give	1□ Yes 2☑N		,	Specify		1
Em.		3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes:		о орошу.		Зреспу	Whi	te
it, the Medical Exu.	5	15. Decedent's Educ (Specify only highest grade	cetion e completed)	16e. Decedent's Usuel Occ	upetion e during most of worki	10	6b. Kind of Bu	usiness/Ind	lustry
and and		Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT use retir	red)				
rent, the	5 [1				
Be C	ă l	17. Father's Neme (First, Middle, Last)	11		18. Mother's Name	(First, Middle, M	aiden Suman	ie)	
	2	John Walter	Hungelmar	10	LISO	Mia	Milit	0	
traumatic		19a. Informent's Neme/Reletionship (Ty)	pe, Print)	19b. Meiling Address (Street	et and Number or Rura	I Route Number,	City or Town,	State, Zip	Code)
1		Lisa Hungelmani	n-(Mother)	30558 ('ree	K View Dr.	, Frinces		e Md	. 21853
ar off		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Re	0.0	ice of Disposition (Name of metery, crematory or other p	lace)	Date 2	Oc. Location -	City or To	wn, Stete
à i		4 ☐ Donation 5 ☐ Other (Specify)	Firs	at Bootist C	emetery 5	-6-96 H	ocomo	KP Ci	itu. Md.
any injury or other tr pnce.		21. Signeture of Funeral Service License		22. Name end Add	ress of Fecility				3, 10
E \$ 8		Scott 5 1	marin	Melson Fi		14 0.1	u. Md	210	251
	1	23a. Pert1. Enter the diseese, or complice	cations thet ceused the deeth.					210	Approximete
siclan	1	shock, or heart feilure. List only on	e ceuse on each line.					i	Intervel Between Onset end Deeth
dical		Immediete Cause (Final	c - 1.	Н.				į,	11 20
niner		diseese or condition resulting in death)	cardia		ma			1	IN ZUMU
e e	5		1)) C	as e consequence ou					2 1
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Exa		Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury	\) \
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e es the bu	3	resulting in deeth) Last	houin	tunor	(mali	2000	1		inkan.
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detached for use		ortii. Ottor orginilosiii oortoidollo ooli	inbuting to death but not resul	and in the andenying cease (given in Pert I.	1 Tye			ably 4 Unknow
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should be						24a. Wes an	autopsy	24b. We	re autopsy findings
page 2 should						perform	ed?	con	npletion of ceuse
96 2 D							1		leeth?
rector, pag		mm 144				1 □ Yes		1	Yes 2□ No
director, page		25. Wes cese referred to medical examiner?	ospital:	10	26. Place of Deeth				
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ē 5	6 1	Netural 5 ☐ Pending	28a. Dete of Injury (Month, Day Year)	28b. Time of 28c. Inj Injury W		28d. Describe hov	v injury occuri	ea	
the cat		2 Accident Investigation 3 Suicide 6 Could not be			Yes 2 No	nd 1 (0)			
ed in by the fu		4 ☐ Homicide determined	28e. Place of Injury - At hon building, etc. (Specify)	ne, farm, street, fectory, office	9	28f. Location (Stre City or Town,	State)	er or Hurel	Houte Number,
B 2		20. 0. 1111							
pletely fill edical		(Check only 2 Medical Examin	Ician: To the best of my know ar: On the basis of examinetic	edge, death occurred at the on end/or investigation, in my	time, date end place, a opinion, death occurre	nd due to the ceu d et the time, dat	use(s) and ma e end plece, o	nner as sta and due fo	ated. the ceuse(s)
To the Funeral Dire completely filled in b		one)	end manner stated.		nse number				
8	1	29b. Signature and title of certifier	1)	29G. LIGHI	ise number	29	d. Dete signe	a (INIONIII), L	Jay, 10ar)
3		Vanna		L36	86	M.	MY 01,	1996	5
	1:	30. Name and address of person way our	mpleted ceuse of death (Item :	23a) (Type, Print)	_				
		P. SAMPATH DEPT	. NEUROSURGER	Y, JHH 600 WO	LFE STREET	BALTIMO	RE, ME	2128	37
State	1	31. Dete filed (Month, Day, Year)	32. Registrer's Signatu	re P. I II					
Registrar		MAY 0 9 1996) Your converse	- FORWALL					

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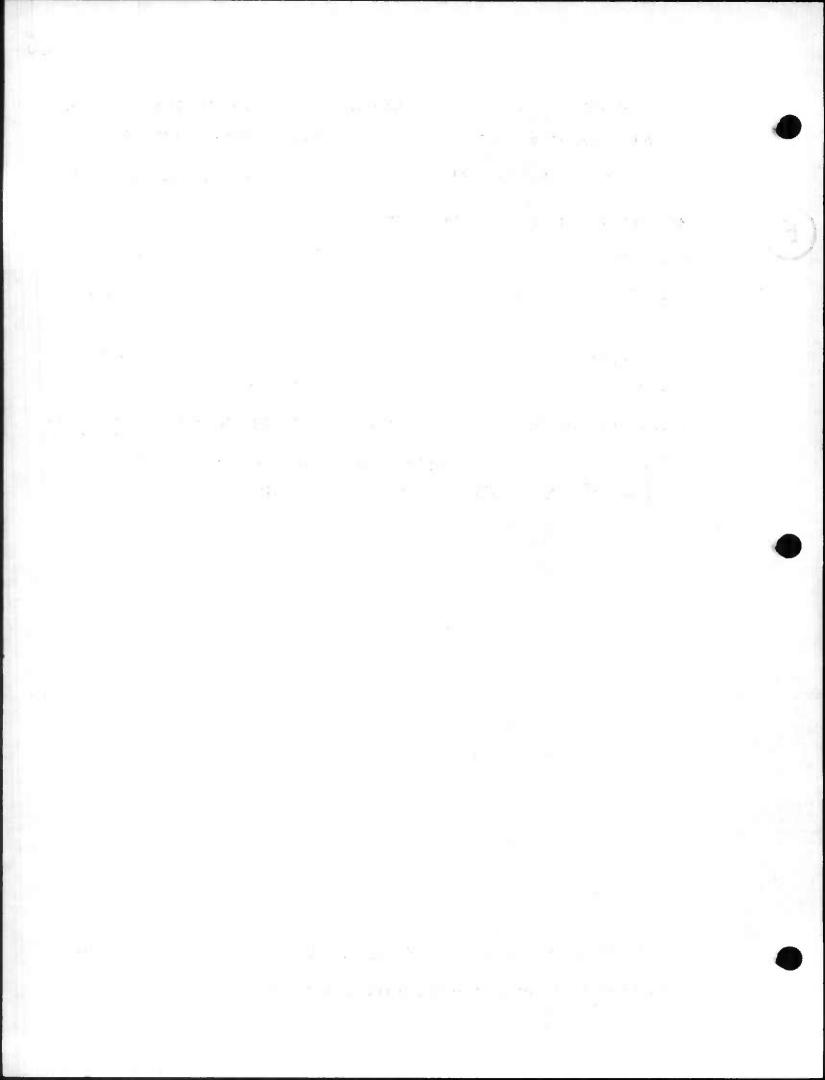
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Funeral Director		5. Social Sacurity Number 8. Sa 218-26-2699 Usual Residence of Decedant	X 7. Age	(In yrs. iest	birthdey) Yrs.	If Under 1 Ye Months Dey		Min.	B. Date of E (Month)	Sinth Day, Year 4-3	3	9. Birthp Coun M D	lace (Stete or Fore try)
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of the same than	al Direc	10e. Street end Number 12327 SINEPUXEN	IT RD.			10f. Zip Code 21811			10g. Citizan of Whet Country?				itry?
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werin	E	Elementary/Secondery (0-12)	College (1-4or 5-			NOT use rat				AL	JTOMO	VITC	E
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ore, Maryland 2 Is 1 and 2 should be filed If Health and Mental Hygi Item 27 is marked other other traumatic event, 1		19a. Informant's Name/Ralationship (T)	rpe, Print)	1	9b. Mallin	g Addrass (Stre	et end Numbe	or or Rurai		-			
		Andres Haigley			2327		UXENT	RD.			, M1		21811
2 82=8		20e. Method of Disposition 1 ☐ Burial 2 ☑ Crametion 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Specify)	0	ceme	tery, crem	eltion (Nama of latory or other p Y CRE	olece)	5-	Data		ocation - 0		MD.
Dailling		21. Signature of Funeral Service Licens	000			Neme end Add							010
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ding the After		1 ⊘Naturai 5 ☐ Pending 2 ☐ Accidant Invastigation	28a. Date of Injury (Month, Dey	Year) 280	. Time of Injury	28c. In V	ljuryat Vork? □Yas 2□I		ld. Describ	e now inju	Jry occurre	ed De	
To the Hospital or Attending Physician: The is within 24 hours effer death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page. Medical Certification: To Be Com		3 Suicida 4 Homicida 6 Could not be detarmined	28e. Plece of Injur building, etc.	ry - At homa, (Spacify)	farm, stre					(Street e own, Stat		or or Rura	/ Routa Number,
he Hospita in 24 hours he Funera pletely fille		29a. Certifiar 1 Certifying Physical Control (Check only one) 1 Medical Exami	sician: To the best of nar: On the basis of a and mannar state	axamination	ge, daath and/or inv	occurrad at tha astigation, in m	tima, deta an y opinion, dae	d place, en th occurred	d dua to th	a causa(s a, data ar	s) and mar nd place, a	nner as st nd dua to	tetad. tha causa(s)
To the within To the comp	- 1	29b. Signature and title of certifine	1	phy	SILI		ense number 4448	3		29d. De	ate signed	(Month, 1	Dey, Year)
6	3	00. Name and addrass of person who co	empleted cause of dec	-0		Print)				-/			
State	1	31. Data filad (Month, Day, Year) MAY 1 3 199	32. Ragistrar										



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ise	State of Manyland / Department of Health and Mental Hydione	gune.	1
	State of Maryland / Department of Health and Mental Hygiene	30	
	Certificate of Death Reg. No.		

		Ce	ertificate of	Death	Reg. No.		
Physician /Medical	Decedent's Neme (First, Middle, Last) William H	. Н	ammond		onth 10, 199	6 Yeer	3. Time of Deeth 1236
Examiner	4e. Facility Name (If not institution, give street Calvert Memorial Ho			4b. City, Town, or Location Prince Freder		ounty of Death LVERT	
Funeral Director	5. Sociel Security Number 212−10−8758 Usual Residence of Decedent 6. Sex 1	7. Age (In yrs. last birthde)	y) If Under 1 Year Months Deys	Hours Min. (M	te of Birth onth, Dey, Year) 30 1912	Coui	plece (Stete or Foreign ntry) land
e Maryland la-f show liffed.at	10e. State 10b. County Maryland St Mary's	10c. City, Town or Charlott					10d. Inside City Limits 1 Yes 2 □ No
th with the Ma 23s or 28s-f s ust be notified	10e. Street end Number Route 2 Box 5		10f. Zip Code 206	22		n of What Coul	ntry?
ours after death verification of the samples, must	1 Never Married 2 Married 1	/es Decedent Ever in U,S. med Forces? XY Yes 2 No Yes, Give ear or Detes:	Was Decedent of the Yes, specify Cub	Hispanic Origin? (Specify Yoen, Mexican, Puerto Ricen, Specify:		Bleck, White, pecify: B1a	etc.
21215-0 ed within 72 ho ygiene. wr than 'naturn it, the Medical.	15. Decedent's Education (Specify only highest grade com Elementery/Secondary (0-12) C	pleted) (Giv	edent's Usual Occu re kind of work done DO NOT use retire	during most of working	16b. Kind	of Business/in	dustry
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Baltim permit. Pa Departmen Important: any injury ance.	21. Signature of Fulleral Service Licenses	M00173 J	433 White	ein Mortuary Pls La White		MD 206	595
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hysician hysician his certification of director of To Be	examiner?	al: 1 Inpatient 2 ER/Outpeti	ent 3 DOA Ot	her: 4 Nursing Home 5		Other (Specia	64)
To the Hospital or Attending Physician: The I within 24 bours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	27. Manner of Deeth 1 Accident 1 28 28 29 29 20 20 20 20 20 20	a. Date of Injury (Month, Dey Year) 28b. Time Injury	of 28c. Inju		escribe how injury		,, _ , , ,
To the Hospital or Attending P within 24 hours after death. To the Funerel Director: After t completely filled in by the funeral Medical Certification:	4 Homicide	 Place of Injury - At home, farm, s building, etc. (Specify) 		Ci	cation (Street and ty or Town, State)		
To the Hospital within 24 hours of the Funeral completely filled Medical Co	(Check only 2 Medical Examiner: C	To the best of my knowledge, dee In the basis of examination and/or I and menner steted.	th occurred at the ti nvestigation, in my	ime, dete end plece, end du opinion, death occurred et ti	e to the ceuse(s) en the time, date end p	nd menner as s lece, and due to	stated. o the cause(s)
To the common common M	29b. Signeture end title of certifier AT Muss .	Driendy Ph	29c. Licen	se number	29d. Dete	signed (Month,	Day, Year)
	30. Name end eddress of person who completed Dr. Anwar Munshi, , N			D 20678			
State	31. Dete filed (Month, Dey, Year) MAY 1 4 1996	32. Registrer's Signature		20070			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible,

State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Death **Physician** Year APRIL 26, 1996 2225 JACKSON /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Sacred Heart Hospital Cumberland Allegany Allegany If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) 9. Birthpiece (Stete or Foreign **Funeral** 10 M 2□ F 48 Deys August 10,1947 West Virginia Yrs. 235-72-0884 Director Usual Residence of Deceden 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 No Hampshire Romney traumetic event, the Medical Examiner must be notified 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? "natural", or items 23a P. O. Box 167 26757 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ሺ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritei Status permit. Peges 1 end 2 should be filed within 72 hours efter in Department of Heelth end Mentel hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exemples. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2√√2 No by Specify: White 3 ☐ Widowed 4 M Divorced Completed 15. Decedent's Education 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Bar Tender Club 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Hines Grace V. Lov James Edward 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meliing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) WV P. O. Box 75, 26757 Romney, Gordon Betty J. 30 20c. Location - City or Town, Stete 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) April, 1996 20a. Method of Disposition 1 XBuriai 2 ☐ Cremetion 3 ☐ Removal from Stete Romney. 4 ☐ Donetion 5 ☐ Other (Specify) Ebenezer Cemetery 21. Signeture of Funerel Servica Licanes 25Nafferdfuneral Home, Inc. 230 East Main St., Romney, WV Pert . Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death Physician /Medical Immediate Ceuse (Finel diseese or condition resulting in death) Examiner Examiner Hospital or Attending Physician: The law requires thet the deeth certificate be executed
X hours efter deeth.
 Furnarial Director: After this certificate has been signed by the ettending physician and
in Furnarial Director physician and
etely filled in by the furnarial director, page 2 should be detached for use as the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Influede events resulting in death) Lest P.O. Box 68760, Que to (or es e consequence of) Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 1 Yes 20 No 1 ☐ Yes 2 No Division of Vital 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Inpatient 2 EP/Outpetient 3 DOA 1 Yes 2 No Certification: To 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours 29e. Certifier Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner steted. To the Hosp within 24 hou To the Fune completely fil Medical 20b. Signature and title of certified 29c. License number 29d. Dete signed (Month, Day, Year) una APRIL 27, 1996 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 909 B SETON DRIVE CUMBERLAND, MD. 21502 JOHN MEHANNA M.D. 31. Dete filed (Month, Day, Year) 32. Bigistrar'a Signature Roydall State 02 Registrar

46. 168 Lov grann

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Marvland / Department of Health and Mental Hygiene

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			Cartificata	01	Dogth	

Physicial /Medica Examine

Funeral Director

To Be Completed by Funeral Directo

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and Division of Vital Records, P.O. Box 68760, completely filled in by the funeral director,

			Certinica	ILE UI	Dealli		Reg. No.			
an al	Decedent's Name (First, Middle, La RICHARD	JAMES	НЕ	ESS		2. Dete of De Month MAY	Day	Year 996	3. Time of Death 1523 PM	
er	4a. Fecility Name (If not Institution, give 635-B OLD FRC	Company of the Company			4b. City, Town, or FROSTBU					
	5. Sociel Security Number 6. S 215 88 0312 Usual Residence of Decedent	Sex 7. Age (In yrs. In Mark 2□ F 32	last birthday) If Und Month	ler 1 Year s Days	If Under 24 Hrs Hours Min.	(Month, De	th y, Year) 27,1964	Coun	lace (State or Foreign try) LAND	
	10a. State 10b. County	10c City	y. Town or Location				The of Birth of Day Year of Death GARRETT The of Birth of Day, Year) The of Birth of Day, Year of County of Death GARRETT The of Birth of Day, Year of County of Death GARRETT The of Birth of Day, Year of County of Charles of County of Charles of County of Charles of County of Charles of County of County of Charles of County of Cou	Od Incide City Limite		
4	Tour outry	100.0.0	y, rown or Location							
용	MARYLAND ALLEGANY	Y FF	ROSTBURG						M☐ Yes 2 ☐ No	
-	10e. Street end Number		10f. 2	Zip Code			10g. Citizen of	What Coun	try?	
0	101 OAK STREET			21522	,		II C			
673		12. Wes Decedent Ever in U.		21532		necify Ves or No			an Indian	
Funeral Director	11. Meritei Status	Armed Forces?	If Yes, sp	ecify Cube	lispenic Origin? (S an, Mexican, Puerl	to Rican, etc.)	Bie			
×	1 Never Merried 2 Married	1 Yes 2 No	1 ☐ Yes	2 (1) No	Specify:		Specifi	<i>r</i> :		
d b	3 Widowed 4 Divorced	Yeer or Detes:		Λ					ſΕ	
je	15. Decedent's En (Specify only highest gra	ducation	16a. Decedent's Us	suai Occup	ation	rkina	16b. Kind of B	usiness/Ind	Justry	
ğ	Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT	use retired	during most of word)					
0	12		LABORE	R			CONSTR	RUCTIO	ON	
Be Completed by	17. Father's Name (First, Middle, Last,)			18. Mother's Nar	me (First, Middle,	Meiden Suman	ne)		
	.TO	SEPH B. HESS			MARY	(LANCAST	rer) Hes	SS		
2	19a, Informant's Name/Relationship (ADL BANKS AND	(С					0.71	
								State, ZIP	Code)	
	ROBERT M. HESS /E		39½ UHL S		FROSTBUR		.532			
	20e. Method of Disposition		iaca of Disposition (Nametery, crematory or		ce)	Date	20c. Location	City or To	wn, State	
	1X Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		MICHAEL'S	CEM	ETEDV 5	0/06	PDACTRI	DC M	m 21532	
	21. Signature of Furneral Service kicer	01.			ss of Fecility	7/70	TKUSIDU	NG, F	עובר עו	
	Marila	Mishwer	SOWERS	S FUN	ERAL HOM	-	MD 215	32		
	23a. Part1. Enter the diseese, or com shock, or heart failure. List only	plications that caused the deeth	. Do not enter the mo	ode of dyin	ng, such as cardia	c or respiratory a	rrest,		Approximate	
	orioon, or riour landro. Elst only	one sudde on occir mic.						1	Onset end Deeth	
	Immediate Cause (Finel	a Gun sho	1-1 00000	0 10	1 1100	11		1		
	disease or condition resulting in death)			- /	1120					
e		Oue to (or	ras a consequence of	1):				İ		
n/Medical Examiner		b						i_		
Xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (or	ras a consequenca of	f):				į		
ш	cause. Enter Underlying									
20	Cause (Disease or injury that initiated events resulting in death) Last	Due to (or	as e consequenca of):						
A P								!		
2		d						-		
Ca	Don't Other significant conditions	antificializa to doubt but not one	when to the contract		and the Board I	anh Did	California de la calenda		Min anning of double	
ys	Pert ti. Other significant conditions of	ontributing to death but not resu	uting in the underlying	cause giv	en in Part I.					
ᇫ						10	Yes 25 No	3 Prot	ably 4 ☐ Unknown	
ď								T		
Completed by Physicia						24a. Was perto	an autopsy rmed?	cor	ailable prior to repletion of cause	
10						197	Yes 2□No	15	PYes 2□ No	
BeC	25. Was case referred to medical				26. Piace of Dec	ath (Check only o	one)		1 ×2 ×11 × × × × × × × × × × × × × × × ×	
0 8	examiner? XXYes 2□ No	Hospitai: 1 ☐ Inpatient 2 ☐ I	EB/Outpotient all s	Oth	er.			. (0	4)	
. To	27. Manner of Death	28a. Date of Injury	ER/Outpetient 3☐ [28b. Time of	JOA	4 Li Nuising r	1	dence 6 LIOth now injury occur		7	
0	1 ☐ Natural 5 ☐ Pending	(Month, Dey Year)	Injury	28c. tnjur Wor			1	-	26/	
cat	2 Accident investigation	03 07 10	1405 M		Yes 2 No					
Certification:	3 Suicide 6 ☐ Could not be determined	building, etc. (Specify	·)	ory, offica		28f. Location (S City or Tox	Street and Numb vn, State)	er or Rura	I Route Number,	
Ce		fe	sidence			635-	Bold 1	Frost-	burg Rd	

							1 ☑ Yes	2 No	1 Ş→Yes
25.	Was case referred to a examiner?	medicai			26.	Placa of Death	(Check only one)		
	XXYes 2□ No		Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpetient 3 [OOA Other: 4	☐ Nursing Hon	ne XXResidence	6 □Other	(Specify)
	2 Accident	Pending investigation	03 07 (0	28b. Time of Injury 1405 M	28c. tnjury at Work? 1 ☐ Yes	1	Subject	njury occurred	0/
		Could not be determined	building etc. (Specif	ome, farm, street, fectory) SIUNCE		2	8f. Location (Street City or Town, St 635 - B		ror Aural Route

29a. Certifier

Certifying Physician: To the best of my knowledge, death occurred at the time, date and pieca, and due to the cause(s) and manner as stated.

ZMedical Examtner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) end menner stated.

29b. Signature and title of certifler

29c. Licanse number O.C.M.E 29d. Date signed (Month, Day, Year) MAY 6, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

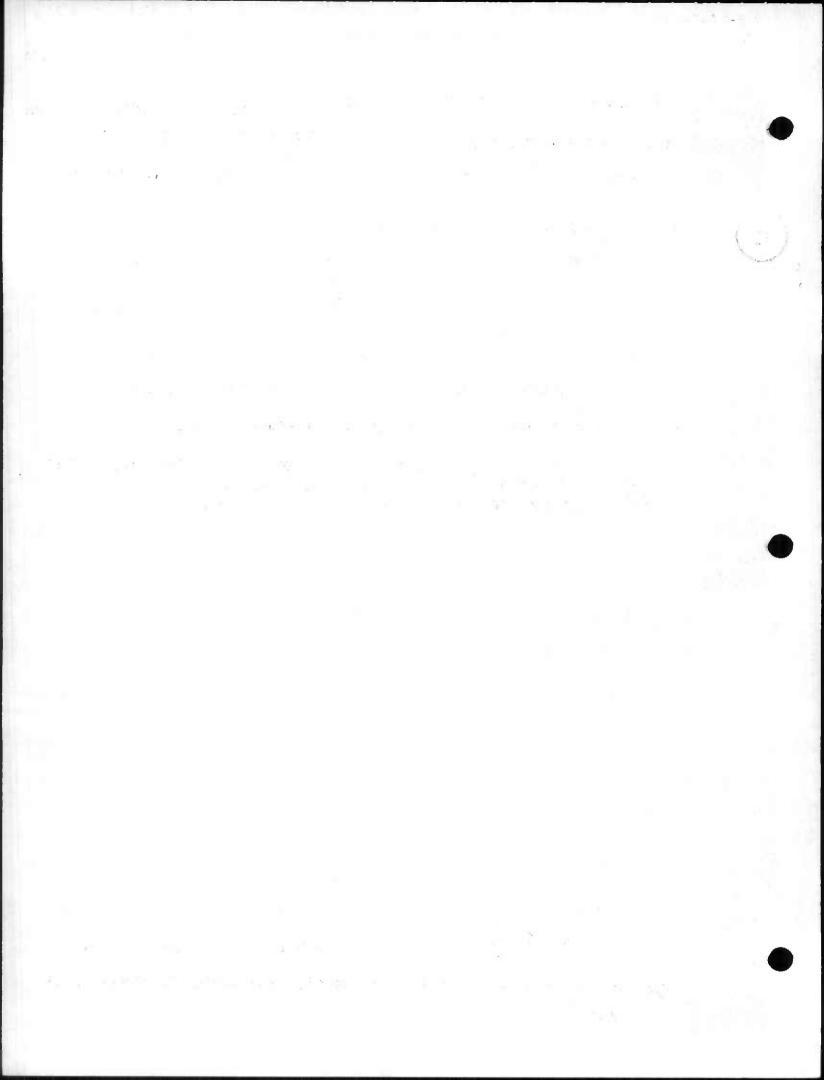
Order A Product 111 Penn Street, Baltimore, Maryland 21201

David

State Registrar

Medical

31. Dete filed (Month, Day, Year) MAY 0 8 1996 32. Registraris Signature

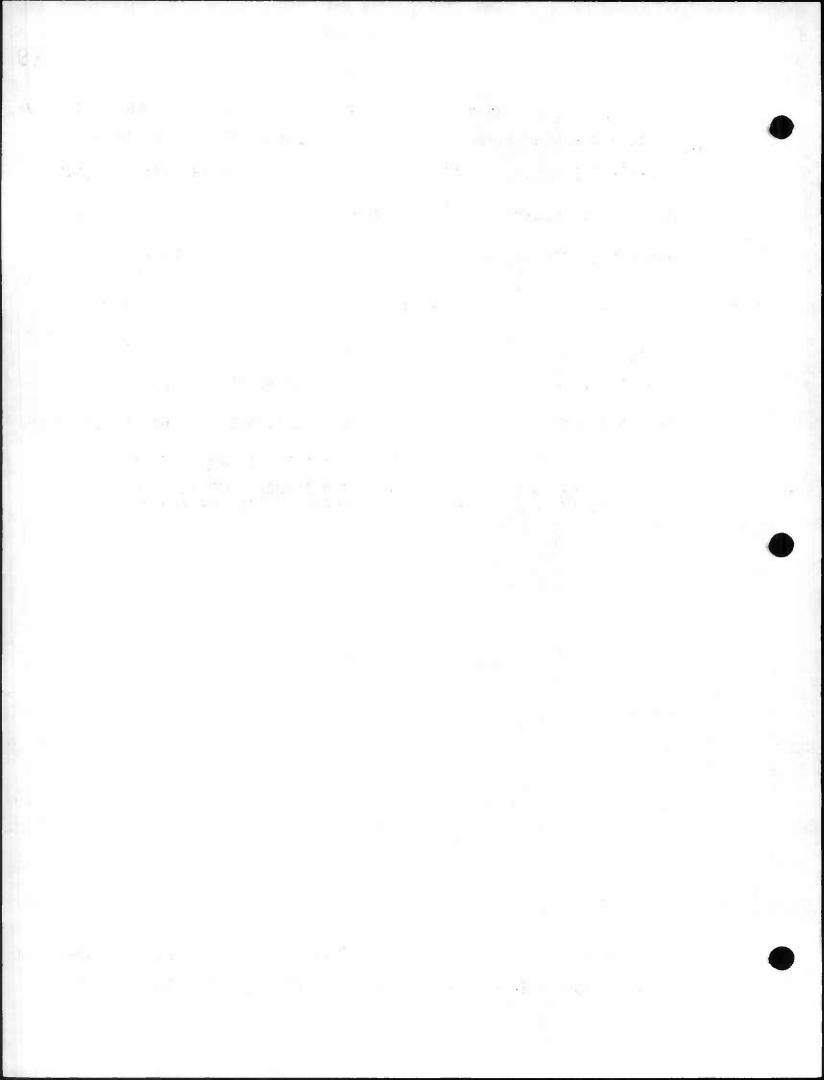


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State of Maryland / Department of Health and Mental Hygiene

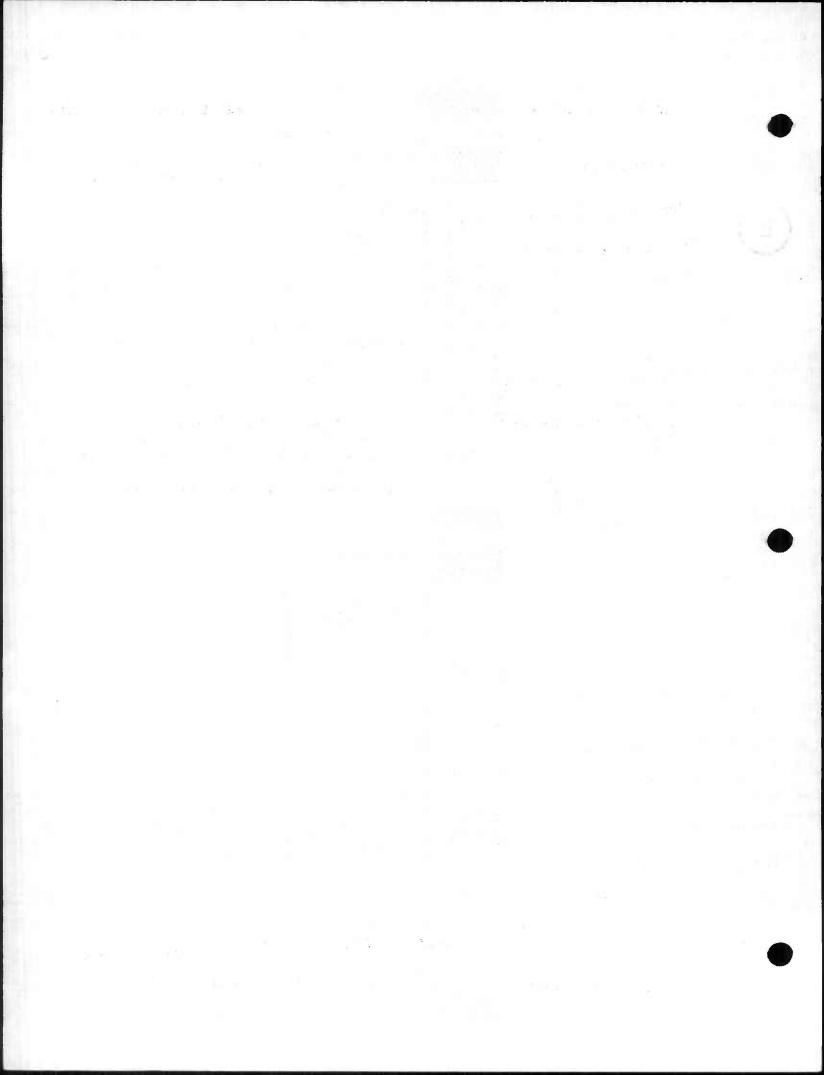
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	ician dical	ELISHA	CLAY		HUFF		MAY	7 19	96	12:05 PM		
	niner	4a. Facility Nama (If not Institution, give SACRED HEART				4b. City, Town, or Lo			of Death			
Fune Direct		213-14-3420		7 2 Yrs.	If Undar 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birt (Month, Day Mar. 15	, 1924	9. Birth	piaca (Stata or Foraign YLAND		
Figure	o	Usuai Rasidance of Decedant 10a, Stata 10b. County MD ALLEG		Oc. City, Town or Loc						10d. Insida City Limits t ↑ ↑ Yas 2 □ No		
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Direct	10e. Street and Number 506 LINDEN STR	FFT		10f. Zip Coda 2150	2		10g. Citizan of		ntry?		
5-0020 72 hours after death with the Maryl natural, or thems 23a or 28s-f sho steel Examiner must be notified as	by Funeral Director	11. Maritai Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ev. Armed Forcas? 1 M Yas 2 □ No			Hispanic Origin? (Spana) an, Maxican, Puarto	ecify Yas or No- Rican, atc.)	14. Rad Bia	Race - Amarican Indian, Black, Whita, atc. Specify: WHITE			
vithin ene.	Completed	15. Decedant's Ed (Specify only highast gra- Elamantary/Secondary (0-12)	ucation da <i>complated)</i> Collaga (1-4or 5+)		ent's Usuai Occup kind of work dona O NOT use ratire ESMAN	pation during most of work d)	ing	16b. Kind of B		STORE		
flaryland 212 2 should be filed with and Mental Hygiene, te merked other than wurmedic event, the M	To Be C	17. Fathar's Nama (First, Middla, Last) CLAUDE HUFF				18. Mother's Name CATHER	a (First, Middla, INE FI	Maidan Sumar SHER				
re, Marylis s 1 and 2 should Health and Mer tem 27 is marks other traumatic		19a. informant's Name/Ralationship (7	ype, Print)	502	ROSE H			UMBERI	AND	,MD 21502		
Baltimore, Noemit. Pages 1 and Department of Health Important. If Item 27 is any injury or other tr	3	20a. Mathod of Disposition 1 Denial 2 Cramation 3 4 Donation 5 Other (Specify		20b. Place of Dispose cematary, cram M.S.V.C.	-ROCKY	GAP 5	/10/96		NTST	ONE, MD		
Ball permit Depart import	9300	21. Signatura of Funarai Sarvice Licen	Lepchurc	h 20)2 GREE	PCHURCH NE ST., C	UMBERL	AND, MI	E, P	502		
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1516	ē E	resulting in death)	b. HEP	ua to (or as a consagi ATIC AB.	uance of):		-		1	3-4 WEEKS		
x 68760, ertificate be axecuted ling physician and ees the bunel-transit	al Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury	Du	ua to (or as a consequ	uance of):							
Box 68760, eath certificate be associted attending physician and for use as the buriel-transit	in/Medical											
ds, P.O. Box ires that the death cer signed by the attendin d be detached for use	Physician	Part II. Other eignificant conditions co		_			obacco use co	contributa to the cause of death?				
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ew requires been 2 should	Completed				/		24a. Was a	an autopsy med?	av	ara autopsy findings railabla prior to empletion of cause death?		
f Vital Recysician: The lew	Com						1 🗆 Y	as 2 No	11	□ Yas 2□ No		
of Vital I Physician: The this certificate and director, pag	B	25. Was casa rafarred to medical axaminar?	Magaital		100	26. Placa of Deatl	n (Check only o	na)				
- 5 o 0	2	TE TAS ZDEINO	Hospital: 1 5d Inpatiant		3LI DOA	har: 4 Nursing Ho				fy)		
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Division o To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	edicai	29a. Certiflar 15 Cartifying Phy (Check only one)	rsician: To the bast of n Inar: On the basis of ax and mannar state	camination and/or invi	occurred at tha tir astigation, in my o	ma, data and piace, opinion, daath occurr	and dua to tha ded at tha tima, d	ause(s) and madata and place,	annar as s and dua t	stated. o tha cause(s)		
To the within 2 To the comple	2	29b. Signatura and titla of certifiar Hodiw			29c. Licans	907	3	29d. Data signe	od (Month,	Day, Year) 1996		
noh		30. Nama and addrass of person who c	UN Mar	th (Itam 23a) (Type, F		ad Cum	6.1	1811	7/5			
-	State	31. Data filed (Month, Day, Year)	32. Registrar's	Signatura	WINKO	ud Chino	perlan	amo	215	00.		
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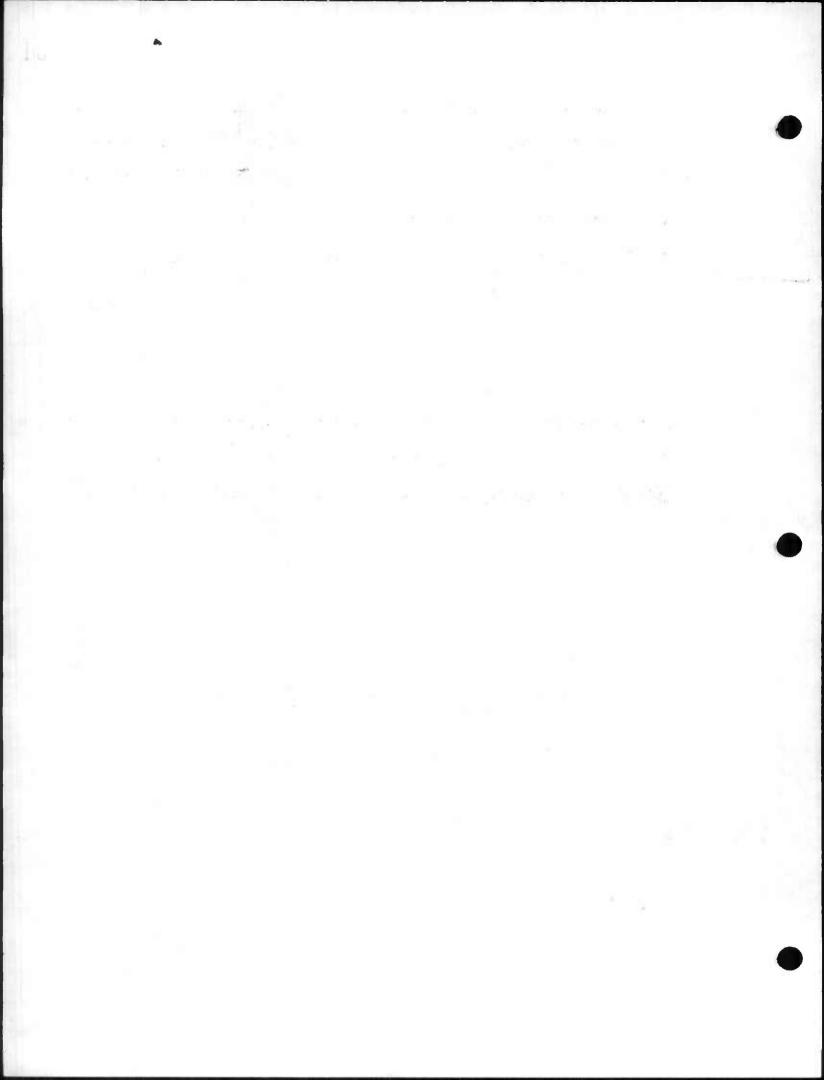
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	Physici /Medi		ALICE VIRGINI					MAY 3, 19	996	1001	1735	
	Examir	er	4a. Facility Nama (If not institution, give Sacred Heart Ho	street and number) Spital			b. City, Town, or Loc umberlan	d	4c. County o Alleg			
	Funeral Director			7. Aga (In yrs. last 75	birthday) Yrs.	If Under 1 Year Months Days		8. Data of Birth (Month, Day, Ye Ct. 2,			aca (Stata or Foreign ry)	
F	show and	or	Usual Rasidance of Dacedent 10a. Stata Maryland Allega	ny 10c. City, T Lone	own or Location					10	d. Insida City Limits	
E	To se notif	Funeral Director	10e. Street and Number 23 Douglas Aven	ue		10f. Zip Coda 21539		10g.	10g. Citizan of What Country? USA			
020	72 hours after death haltural", or litems 2 fical Examiner mus	by	11. Marital Status 1 ☐ Navar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2% No If Yas, Giva Yaar or Datas:		/as Dacedant of Hi Yas, specify Cuba ☐ Yas 2☐ No	spanic Origin? (Spec n, Maxicen, Puarto F Specify:	city Yas or No- lican, atc.)	Black	- Amarica , Whita, a hite	tc.	
Maryland 21215-0020	ed within 72 ha giene. er then "netur t, the Medical.	Completed	15. Decedant's Edi (Specify only highast grad Elamantary/Secondary (0-12)	cation 1standard) Collega (1-4or 5+)	6a. Deceda (Giva k lifa. D Lat		ation lunin <i>g m</i> ost of workin)	9	16b. Kind of Business/Industry Tire Co.			
yland	should be till nd Mental Hy marked oth stratic event	To Be	17. Fathar's Nama (First, Middla, Last) Elijah S. Pa	rish		18. Mothar's Nama <i>(First, Middla, Maldan Surnama)</i> Mary A. Martin						
Mar	of 2 should and 27 is ma		19a. Informant's Name/Ralationship (7) Dorothy Rayner-		and Number or Rural Land, Md.		ty or Town, S	Stata, Zip (Coda)			
Baltimore,	Pages 1 an ent of Heal rit: if Item 2 ry or other		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Spacify,	21542 Data 20c. Location - City or Town, Stata 1996 Lonaconing, Md.								
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.,			23a. Part1. Enter the disease, or comp lock, or heart failure. Life only of	lications that causad tha daath. I	Lor Do not anta	raconing	Md 21 g, such as cerdiac or	539 raspiratory arrest,			Approximate Intarval Batween	
	Physician /Medical Examiner	er	Immediata Causa (Final disaasa or condition rasulting in death)			of the	Λ /	Digar)		1	Onset and Death Smutts	
oʻ	physician end s the buriel-transit	Examiner										
ox 68760,	E on a	n/Medical	rasuiting In death) Last	Dua to (or as	a consequ	ance of):						
Вох	d for use	Icla	Part II. Other significant conditions co	ptributing to death but not requiting	a la tha un	do thing on use of us	n in Post I	03h Did tohan		albuda ta	the cause of death?	
P.0	ures that the def signed by the a ld be deteched f	y Phys	COPD and	Emply Since	C	onsert	me	1 2 Yes			ably 4 Unknown	
Division of Vital Records,		Completed by Physician/	heart Fail	ine, Advan	need	Cancer	lung	24a. Was an au performed	utopsy	con	ra autopsy findings llabla prior to aplation of causa eath?	
al Re	ate h		with at Homt	mela stasi	ì		O	1 🗆 Yas	212 No		Yas 2□ No	
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sior	tending leeth. Ior: Aft the fun	catlo	1 ☑Natural 5 ☐ Panding 2 ☐ Accident invastigation 3 ☐ Sulcide 6 ☐ Could not be		Injury	M 101	/as 2 □ No					
Divi	is after of all by led in by	Certification:	4 Homicida datarmined	28a. Place of Injury - At homa building, atc. (Spacify)	, farm, stre	at, factory, office	2	3f. Location (Straat City or Town, St	t and Number tata)	r or Hural	Houta Number,	
	to use mosphale or Attending Frill within 24 house after deeth. To the Funeral Director: After this completely filled in by the funeral	edical	29a. Cartifiar (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To tha best of my knowled ner: On tha basis of axamination and mannar stated.	dga, daath and/or inva	occurred at tha tim astigation, in my op	a, data and place, ar pinion, daath occurre	d dua to tha couse d at tha tima, data	a(s) and man and place, ar	nar as sta nd dua to	ated. tha causa(s)	
	o withi	M	29b. Signatura and titla of certifiar	SCLome	lhir	29c. Licensa) 144 k	29d.	Data signad	(Month, D		
0	1RD		30. Nama and addrass of person who co	omplated ceusa of daath (Itam 23)	a) (Type, P	ace from	stbur		1532	,	/ U	
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate of	Death			Reg. No.				
Dhua	icion	1. Decedent's Neme (First, Mic	dle, Last))					2	Dete of De	eth Dev	Ve	er e	3. Time of D	Deeth
Phys /Me	ician dical	ALFO	VSAS	3	JAK	IMONIS				MAY	10,	1996		2:20	PM
Exam	niner	4e. Fecility Neme (If not Institut			er)			4b. City, Towr				County of I			
		8405 UPPER					H Hadas 1 Vaar	WEST(SOME			
Funer Directo		5. Social Security Number 032-20-1882 Usual Residence of Decedent	6. Sex	M 2□F		last birthdey) 91 Yrs.	Months Deys		Min.	Dete of Bir (Month, De 10/10	719			unia UNIA	Foreign
1 1		10a. Stete 10b. Coun	ty		10c. Ci	ty, Town or Loc	cation						100	d. Inside City	Limits
Fall Man	tor	MD. som	erse	et	we	stover	•							1 ☐ Yes	2 ∑ No
Se of Se	i Director	10e. Street end Number 8405 UPPERH	TT.T.	RD			10f. Zlp Code 2.187	1				en of Whe	t Countr	y?	
Fre 23a must b	Funeral	11. Maritel Stetus			nt Ever in U	I,S. 13. W	/es Decedent of Yes, specify Cut	y Yes or No	USA or No- 14. Race - Ameri						
5-0020 72 hours after teath we the Many Institute', or Hoges 23e or 28e-1 sho dical Examiner must be notified at	þ	3 ☐ Widowed 4 ☐ Divorce	i	12. Wes Decede Armed Force 1 ☐ Yes 2 If Yes, Give Yeer or Dete		1	Yes, specify Cub ☐ Yes 2 X No	can, etc.)	.) Bleck, White, etc. Specify: WHIT						
15-00; 72 hours natural, adical Ex	Completed	15. Decede (Specify only high	nt's Edu	cation e completed)		16a. Deced	ent's Usuel Occu	pation during most o	f working	16b. Kind of Busin			ess/Indu	stry	
2121 3 within pene. r than '	mple	Elementary/Secondary (0-12		Collega (1-4d	or 5+)	life. D	Ind of work done O NOT usa retire				3.0	D T OII	T (1) 1	D.F.	
Harte		1 0	. Local					FARN		AGR AGR AGR Anne (First, Middle, Melden Sun			ICULTURE		
Maryland 21215-0020 d 2 should be filed within 72 hours at the and Mental Hygene. 7 is marked other than "natural", or traumetic event, the Medical Exam	To Be	000000000000000000000000000000000000000	rhon	IY JA	KIMO	MONIS CARC				-irst, Middle	, Melden :	Sumeme)			
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of the state of th		20e. Method of Disposition 1 □ Burial 2 □ Cremation 4 □ Donetion 5 □ Other		emovel from Sta	te					/ Dete / 13 DENS FINKSBUR					
Baltimore, permit. Pages 1 ar Department of Hea Important: If Nem: any injury or othe	BUCE	21. Signeture of Funeral Service Licensee 22. Name and Address of Facility 22. Name and Address of Facility FLETCHER FUNERAL 254 E. MAIN ST., WESTMINSTER, M											L H	OME	7
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/Medica	_	Immediate Cause (Finel		0				1					i	40.14	
Examine	r	disease or condition resulting in death)	е	Cone		LVE HE	art Fai	llure					1	12 M	0
P *	Je J				564 15 (1	J, 45 4 05115041	301100 01).						1		
, Box 68760, deeth certificete be executed e ettending physician end of or use as the burial-transit	Examiner	Sequentielly list conditions, if eny, laeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	ſ°),	Due to (d	or es e consequ	uence of):						-		
68760, ificete be ex g physician es the burial	Medical														
Box eth certi	2			l											
Geett de ett de	icla	Pert II. Other significant condi	lons con	tributing to death	but not res	uiting in the un	deriving cause o	iven in Pert I		23b. Did	tobacco	use contril	bute to 1	the cause of	death?
IS, P.O. BOX as thet the deeth cel igned by the ettendir be deteched for use	Physician/													ıbly 4□U	
cord requir	Completed by									24e. Wes	en eutop	sy 2	com	e autopsy fin iable prior to pletion of ca seth?	
The law	E									10	Yes 2	2No	1 🗆	Yes 2□N	10
	Be	25. Was case referred to medic	al					26. Place o	f Deeth (0	Check only	one)	1			
Of Vita Physician: this certific ral director,	To	examiner? 1 Yes 2 No	н	lospitel: 1 🗆 Inpe	itient 2	ER/Outpetient	3□ DOA Ot	her: 4 Nurs	ing Home	5 Resi	dence 8	□Other (Specify)		
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Division of Attending effer death. Director: After d in by the fune	Certification:	3 Sulcide 6 Could not be datarmined 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify)											or Rurel	Route Numb	er,
Div To the Hospital or A within 24 hours effer To the Funeral Dire completely filled in b	edicai C	29a. Certifier 1 Certify (Check only one) 2 Medica	ing Phys I Examin	iclan: To the bearing: On the basis and manner	of examine	owledga, daath ation end/or Inve	occurred et the ti estigation, in my	ima, deta and p opinion, deeth	place, end	due to the et the time,	cause(s) date end	and menne place, and	er es ste due to t	ted. he causa(s)	
To th Withir To th	Me	29b. Signature end title of certif	er				29c. Licen	se number			29d. Date	e signed (A	Aonth, D	ey, Year)	
		Paul P.	Ile	wy				024872				5/13	3/96	5	
		30. Neme end eddrass of perso	_		,			nom =1-	C	ì.v.	ıd				
S Regis	tate trar	Dr. Paul R. 31. Dete filed (Month, Day, Yea MAY 1	1 190	32 Regin	strar's Signe	er Revolution	1	- өмөке	Cit	У,					
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DHMH 16 Rev 6/95



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				Ce	rtifica	te of	Death	1		Reg. No.			
1. Decedant's Nam	a (First, Middl	a, Last)							2. Data of De		Yaar	3. Tima of Death	
Paul Ve	rnon K	ELLER							may	Day	96	14:27	
4a. Fecility Nema (If not institution	n, give street and nu	m <i>ber)</i>			3	4b. City, To	own, or L	ocation of Delet	4c. Coun	y of Deet	h	
Washin	gton C	ounty Hos	pital				Hage	rsto	wn	Wa	shin	gton	
5. Sociel Security N 219-12-2		6. Sax 1⊠M 2□ F	7. Age (In yrs. 7) If Unda Months	Deys	If Under Hours	24 Hrs. Min.	8. Data of Bir (Month, Da	th ly, Year) 29 19/9	Co	hplaca (Stata or Foreign untry) rvland	
Usual Rasidance o	f Decedent									-17 1111		· ·	
10e. Stete	10b. County		10c. Cit	y, Town or L	ocation							10d. Insida City Limits	
Maryland	Washi	ngton	На	gersto	wn							1 ☐ Yas 2€ No	
10e. Street end Nu	mber				10f. Zij	p Coda	77	10g. Citizan of What Country? U. S. A. U. S. A. Spenic Origin? (Spacify Yes or No., Mexican, Puerto Rican, atc.) 14. Race - American Indien, Black, White, atc.					
17406 Le	xingto	n Avenue		2	21740)			U.S.	Α.			
11. Marital Stetus 1 Never Merr 3 Widowed	,S. 13.	If Yas, specify Cuban, Mexican, Puerto Rican, atc.) Black, White, atc.					a, atc.						
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17. Fether's Nema	(First, Middle,	Last)					18. Moth	ar's Nam	e (First, Middle	Maidan Surna	ma)		
C1	arence	N. Kelle	r					1	Nellie	Reynold	Kel:	ler	
19a. Informent's N	eme/Ralations	hip (Type, Print)		19b. Mall	ing Addras	s (Street	and Numb	er or Ru	al Routa Numb	er, City or Town	n, Stata, Z	(ip Coda)	
Mrs. Jan	e E. K	eller		1740	6 Lex	ingt	on Av	enu	e, Hage	rstown,	Mar	yland 21740	
20a. Method of Dis 1 ☐ Burial 2 4 ☐ Donation	Cremetion	3 □Ramoval from pecify)	Steta	Placa of Disp cematary, cre St Hav	matory or	other pla			Data 5-14-96	20c. Location		Town, Stata , Maryland	
21. Signature of Fu	unaral Sarvice	Licensee	nnel	4	2. Name e				Minnich vd., Ha			me aryland 2174	
23e. Part1. Enter t shock, or has Immediata Causa disaasa or condition	(Final	complications that only one cause on a	caused the deet	h. Do not ar	ntar the mod	da of dyir	ng, such es	cardiac	or raspiratory a	rrast,		Approximata Interval Batween Onset and Death	

Physician /Medical Examiner

Physician

/Medical

Examiner

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Funeral

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permit. Pages 1 and 2 should be filed within 72 hours eftag deeth with the Department of Heelth and Mantal Hygiens. Important: if them 27 is marked other than "natural," or them 23 or 28s-1 show any injury or other traumatic event.

Baltimore, Maryland 21215-0020

Maryland

Physician/Medical Examiner

Terminal Rospiratory Pailure	Two week
Chromic Obstructive pulmmany	15 years
Evenchosposm, moved dependent	15 year
Due to (or es of consequence of):	/
uiting to death but not resulting in the underlying cause given in Part I 23h Did tobaccourse contribution	te to the cause of death:

disaasa or condition rasuiting in daath) Sequantially list conditions, if eny, leading to immadiate causa. Entar Undarlying Cause (Disaasa or Injury that initieted events rasulting in daath) Last Pert II. Other significant conditions contri 1 Y68 2 No 3 Probably 4 Unknown Medical Certification: To Be Completed by 24b. Wara autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy 2 1 No 1 Tes 1 ☐ Yes 2 ☐ No 25. Was casa rafarred to predical axaminar? 26. Piace of Death (Check only ona) Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) 1 Yas 2 No 1 Impatient 2 ER/Outpatient 3□ DOA 28c. Injury at Work? 27. Mannar of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Dascribe how injury occurred 1 SNatural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 ☐ Could not be 3 Suicida 28a. Pleca of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiai 29b. Signature and titla of certifian 29c. Licensa number

To the Hospital or Attending Physician: The law requires that the death certificate be assocuted within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician end completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

29d. Data signed (Month, Day, Year)

31. Data filed (Month, Day, Year)

State Registrar

THE RESIDENCE OF STREET

Y A

Amended #1- SR. - G. A.P. -5/16/96 Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 15533 Certificate of Death SENIOR 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth 3 Time of Death Month Vaar **Physician** KIAH CHARLES Edward 10:00 AM MAY 1496 /Medical 4a. Facility Nama (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hospital Cambridge Dorchester Dorchester General 7. Age (in yrs. iest birthdey) | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Months | Devs | Hours | Min. | (Month, Dey, Year) Birthpiaca (State or Foreign Country) 5. Sociel Sacurify Number **Funeral** 218-20-7441 1 MM 2□ F Yrs. Director August 20,1908 Maryland Usuel Rasidence of Decedant death with the Meryland 10a. Stata 10c. City, Town or Location 10d. insida City Limits r than "natural", or items 23s or 28s-f show the Medical Example; must be notified at 1 Yas 2 No ambridge Maryland Dorchester Directo 10e. Street and Number 10g. Citizen of What Country? hurch Creek Road ZI, S, A.

14. Raca - Amarican indian, Bieck, White, etc. 2/6/3 Funeral 12. Wes Decedent Evar in U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 11. Marital Stetus filed within 72 hours after 1 ☐ Yes 2 No if Yas, Giva Yeer or Datas: 1 Nevar Married 2 Married 1 ☐ Yes 2 No Specify: þ Specify: Black 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highest grada complated) 16a. Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) is marked other than Hygiane. Pastor Methodist Church 17. Fethar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Sumama) permit. Peges 1 and 2 should be filk Department of Heelth and Mantal Hy Important: If Nem 27 Is marked oth any Injury or other traumatic svent Be Charles FRANKliN Kiah (iah Margaret Montgomery

19b. Mailing Addrass (Street and Number or Adral Routa Number, City or Town, Stata, Zip Code) 10 19a. informant's Name/Ralationship (Type, Print) Kiah (Wife) 2363 Church Creek Road Cambridge MD. 21613

20b. Placa of Disposition (Nama of competaty, cramatory or other place)

20c. Location - City of Town, State Regina Melu 20a. Method of Disposition 5/18/96 1 Burial 2 Cramation 3 Removal from Stata 4 Donetion 5 Othar (Specify) Cambridge ROCK Cemetery 22. Nama and Addrass of Fedility FUNERAL HOME HENRY 28a P. n.J. Entar the disaasa, or complications that causad the daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest,

Approximate

Approximate Physician Immediata Ceusa (Final disaasa or condition rasulting in daath) a MYOCARDIAL /Medical INFARCTION HOUR2 Examiner Dua to (or as a consequence of) Physician/Medical Examiner PERTERSION 20 45ARS attending physician and for use as the buriaf-transit The lew requires that the death certificets be axecuted Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated avants resulting in daath) Last Dua to (or as a consequence of): Dua to (or es e consequenca of): signed by the a d be deteched f Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 132 AIN SUNDROME ORGANIG Ď 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Was en eutopsy performed? Completed TRAWSITIONAL CARCINDMA -BLADDER CELL cartificate hes b director, page 2 sl 1 ☐ Yas 2 ☐ No 2 100 1 ☐ Yas Be 25. Was casa rafarred to medical axaminar? 26. Pleca of Deeth (Check only ona) Hospital: 1 Yaa 20 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA this funeral 27. Mannar of Death 28a. Deta of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury et Work? 28d. Dascribe how injury occurred 1 ONatural 5 ☐ Panding invastigation n 24 hours after death.

• Funeral Director: Afterletaly filled in by the fur 1 Ves 2 ☐ Accident 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6 Could not be

Division of Vital Records, P.O. Box 68760, or Attending Physician: Hospital To the Hosp within 24 hor To the Fune completaly fi

> State Registrar

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MICHAEZ A 31. Data filed (Month, Day, Year)

29b. Signatura and titla of certifiar

belevela.

3 ☐ Suicide

29a. Certifiar

4 Homicide

(Check only one)

1996

Maskewicz M. D 32. Registrar's Signatura

Steelen

30. Nama and addrass of person who complated causa of seath (Itam 23a) (Type, Print)

John Davidson Rawfall

Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify)

1E/Certifying Phyaician: To tha best of my knowledge, death occurred at tha tima, data and piace, and dua to tha cause(s) end manner as stated.
2 Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, daath occurred at tha tima, dete and piace, and dua to tha causa(s) and mannar stated.

29c. Licansa number

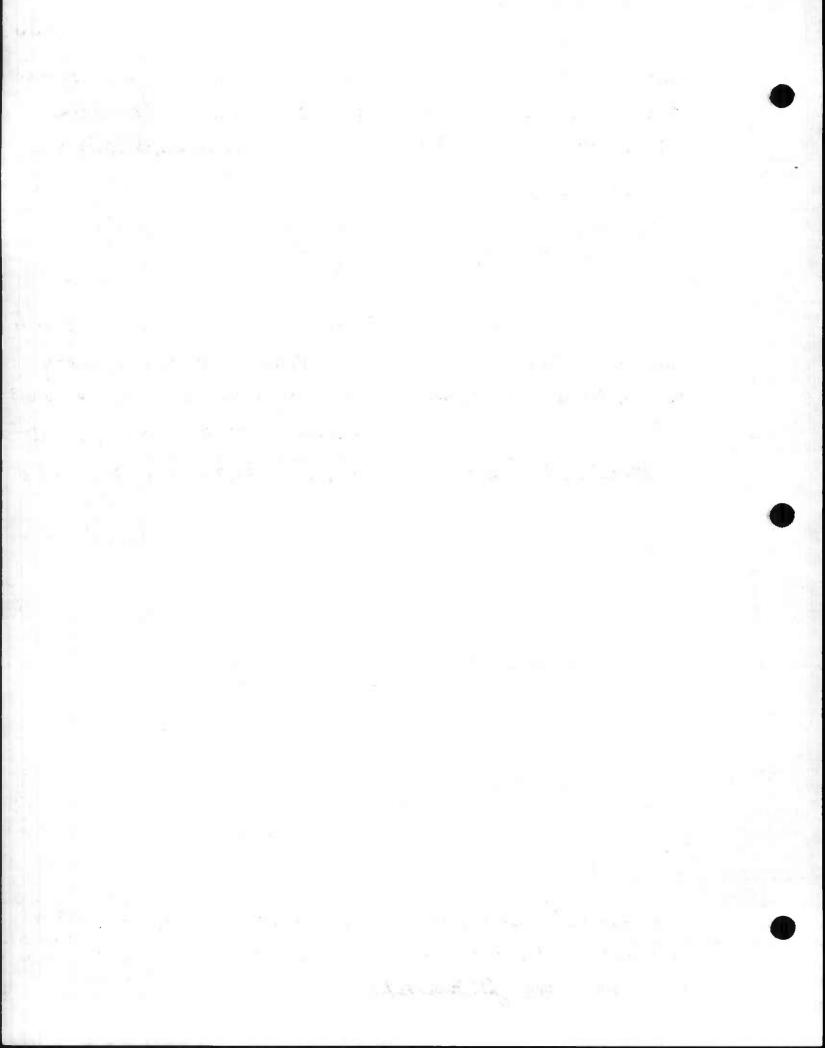
D-16609

503 BYRN ST.

29d. Data signad (Month, Day, Year)

CAMBRIDGE

13, 1996



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legiple. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Yaar Mayonth Phyllis Elizabeth KRETZER 030 ave 1996 12 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 64½ West Franklin Street Washington Hagerstown If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) if Undar 1 Yaar Birthpiaca (Stata or Foraign Country) Months Days 1 ☐ M 2 🖾 F Yrs Dec.31,1924 West Virginia 217-80-2169 Usual Rasidance of Dacedant 10a. Stata 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 X Yas 2 □ No Hagerstown Maryland Washington 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 64½ West Franklin Street 21740 USA 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritai Status 14. Raca - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva 1 ☐ Yas 2 ☑ No p Specify: White 3 Widowad 4 □ Divorced Yaar or Datas: 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Housewife Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Charles Washington Dillow Bertie May Penwell 19a. Informant's Nama/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, State, Zio Code) 15520 Clear Spring Rd. Williamsport, MD21795 Larry Jackson 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, State May 15,1996 Mt. View Cemetery Sharpsburg, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Osborne Funeral Home 425 S. Conococheague St. car Williamsport, MD 21795 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death Immediata Causa (Finel disaasa or condition rasulting in death) Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or Injury that initiated evants resulting in death) Last Due to (or as a consequence of) Dua to (or as a consaquanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was casa refarred to medical axaminar? 26. Piaca of Death (Check only ona) Hospital: 1 Yas 2 No Other: 4 Nursing Homa 5 Masidance 6 Other (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3□ DOA 28a. Date of Injury (Month, Day Year) 27. Mennar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Neturel 5 Pending invastigation 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28e. Placa of injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a, Certifier 29b. Signature and title of cartifier 29c. Licansa number 29d. Data signed (Month, Day, Year)

State Registrar

Physician

/Medical

Examiner

Director

Funeral

Completed

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Funeral

Director

the Medical Examiner

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Baltimore, Maryland 21215-0020

permit. Pages 1 and 2 should be filed within 72 Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natu any Injury or other traumstic source."

Physician

/Medical Examiner

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To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by

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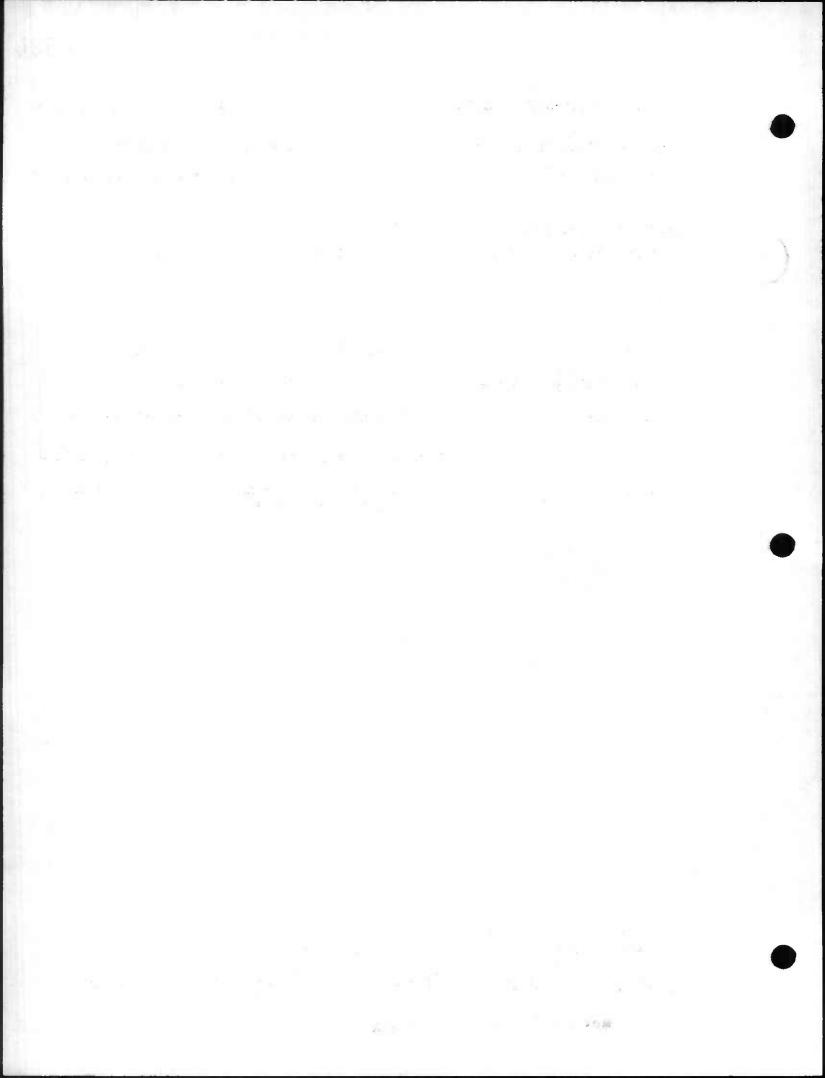
Attending Physician:

Division of Vital Records, P.O. Box 68760.

31. Data filed (Month, Day, Year) 32. Registrar's Signatura MAY 1 4 1996

SP 0 12 A OAL

ress of person who complated causa of death (itam 23a) Type, Pript)



	FOR STATE REGISTRAR	STATE OF MARYI				MENTAL HYGIENI REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH							
	Mabel Elizab	eth Keenan				Mav 8		96 2250 P M							
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign							
	STATE REGISTRAR **REGISTRAR** **REGISTRAR** **CERTIFIC** **Mabel Elizabeth Keenan** **A. SOCIAL SECURITY NUMBER** 2.25-10-3593** **I M 2 Left 7.66 yrs. less birthday) **Jene Facility Name (if not institution, pive sizest end number) **Be. FACILITY NAME (if not institution, pive sizest end number) **Medpointe Continuing Care Center** **Medpointe Continuing Care Center** **Medpointe Continuing Care Center** **Medpointe Continuing Care Center** **Medpointe Continuing Care Center** **Medpointe Continuing Care Center** **Maryland** **Gecil** **Incomplete Continuing Care Center** **Maryland** **Cecil** **Incomplete Continuing Care Center** **Medpointe Continuing Care Center** **Medpointe Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Continuing Care Center** **Maryland** **Testice Thought Cecil** **Incomplete Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Continuing Care Center** **Medipointe Care Center** **	MONTHS DAYS	HOURS MIN.			North Carolina									
	Se. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	OF DEATH							
8		uing Care Ce	nter	E1k	ton		Cec	il .							
ן ה		v	10c CITY	TOWN OR LOCAT	ION		10d. INSIDE CITY								
DIRECTOR		_		1kton	1011			LIMITS?							
					, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?							
FUNERAL	1 Price Drive				21921			SA							
<u>z</u>	11. MARITAL STATUS					IC ORIGIN? (Specify Yes	or No— 14.	RACE — American Indian,							
BY F					ectry Cuben, Mexice 24 NO Specify	n, Puerto Ricen, atc.)		Black, White, atc. Specify:							
								White							
(Consolity copy highest grants completed)															
ا ٿ	Elementary/Secondary (0-12) College (1-4 or 5+) Electronics Inspector Electronics														
¥															
THE RICHARD Philling															
H			19b. MAILING	ADDRESS (Street &	nd Number or Rural I	Route Number, City or Town	. Stete. Zip Coo	del							
임	Patricia A. Ben	ner				Universit		19352							
					me of		CATION — City	or Town, State							
- 1			_		Gardens	5-13 96 Bro	oma 11	РΔ							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hicks Home for Funerals, P.A.															
												23. PART i. Enter the diseases, or shock, pr haart fallura.	complications that cause List only one cause on	ed the deeth. Do no aach lina.	of enter the mo
		0	1 / 1	-0	24 0	24.54	Onset and Death								
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	cident	with KI	ght Hemips	hum	12 yrs.							
z								unknown							
ᅙᅵ		DV TO (OR AS	A CONSEQUENCE OF):				0000000							
⋖	cause, Entar UNDERLYING														
CAUSE (Disease or Injury C.															
TIFIC	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):											
ERTIFIC	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):											
	that initiated events resulting in death) LAST	d			g cause givan in			24b. WERE AUTOPSY FINDINGS							
AL.	that initiated events resulting in death) LAST	d			g cause givan in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
AL	that initiated events resulting in death) LAST	d			g cause givan in		MED?	AVAILABLE PRIOR TO							
N: MEDICAL CERTIFICATIO	that initiated events resulting in death) LAST PART II. Other aignificant condition	d	but not resulting li	n tha underlyin		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
AL	PART II. Other aignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	dns contributing to death	but not resulting in	S NO L	UNCERTAIL	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
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V.

Please Type or Print in Biack Indelibie Ink. Assure Ail Copies Are Legible.

						Cei	rtificate	of	Death			Reg. No.		
	Physic /Medi		Decedent's Name (First, Middla, Lettern MAY	LIPSON							2. Date of D		Year	3. Time of Death
1	Exami	ner	4a. Facility Name (If not institution, git Washington County						Hager	stow		Wash	inty of Death	
	Funeral Director		215-01-6019	Sex 1□M 2⊠F	7. Aga (In yrs. Ia 82	est birthday) Yrs.	If Under 1 Y Months D	ear ays		24 Hrs. Min.	8. Date of Bi (Month, D May 30	rth 1913	9. Birtl Mar	hplace (Stata or Foreign unity) y Land
(E	ctor	Usual Residence of Decedent 10a. Stata 10b. County Maryland Washing	ton		Town or Lo			-					10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	Sa or	Funeral Director	10a. Street and Number 16505 Virginia A	venue			10f. Zip Co 2179					10g. Citizen U.S.A.		untry?
0000	hours after dea ural", or items at Examiner m	by	11. Marital Status 1 Nevar Married 2 Married 3 AWidowed 4 Divorced	12. Was Dece Armed For 1 Tyes If Yes, Giv Yaar or De	2 🖾 No		Was Decedent f Yes, specify 1 ☐ Yas 25			gin? (Sp n, Puerto	ecify Yes or N Rican, etc.)		14. Race - American India Black, White, etc. Specify: White	
21215-0020	within 72 ene. than 'nal	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12)	ada compiated)	liene (1-4or 5+)			ona	ona during most of working			16b. Kind of Business/Industr		industry
Maryland	2 should be filed and Mantal Hygis is marked other eumatic event, it	To Be	17. Fathar's Name (First, Middla, Last Unknown)	R	ankin				18. Mother's Name (First, Middla, Maidan Surnama) Sarah Coyne				
	12 mg		19a. Informant's Name/Relationship (<i>Type, Print</i>) Martin Tashgy / Son 19b. Mailing Address (<i>Street and Nun</i> 20206 Mahogany Dr								and Number or Rural Routa Number, City or Tow Drive Hagerstown, Mar			
Baltimore,	t. Pages tment of tant: If it		20a. Method of Disposition 1 ☐ Burlai 2 ☑ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special	Cer	matary, cren	sition (Nama on atory or other g Cremi	r pla	ory Ma	ay 1	Date 5,1996	20c. Location - City or Town, Stata 96 Smithsburg, Marylar			
68760, Ba	Physician /Medical Examiner	Ical Examiner	23a. Plant. Enter the disease, or compands or compands or conditions. List only Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last	plications that co	PNAL GNT Dua to for NIA	Do not anti	331 Eas ar the mode of uuence of): uuence of):	A steriotyi	Fier Bling, such as	y Fivd.	or raspiratory	erstown arrest, W, U		Approximate Interval Between Onset and Death
Box 68	ath certifi ittending for usa as	cian/Medical	L. PEUPHEROL VOIWIAN IN									IEASE		
, P.O.	that the de ned by the a datached	y Physician/	Part II. Other significant conditions of	VAW	ARTI	EM	nderlying ceus	a gi	a given in Part I. 23b. Did tobacco use of 1 □ Yes 2 0 100					to the cause of death? obably 4 Unknown
Records,	e law requiras that has been signed b je 2 should be date	Completed by				/					24a. Was	s an autopsy ormed?	8	Were autopsy findings available prior to completion of causa of death?
Vital B	The ata page	Be Con	25. Was cese referred to medical examiner?						28. Place	of Deet	1 □	Yes 2 No	0 1	Yes 2 No
Division of	To the Hospital or Attending Physician: Within 24 hours after death. To the Funerel Director: After this cartific completaly filled in by the funeral director.	1 Yes 2 (I) No								Other: 4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) Injury at Work? 1 □ Yes 2 □ No 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)				
	the Hospital hin 24 hours a the Funeral C nplataly filled	edical Ce	29a. Certifier (Check only one) Medical Example	ysician: To the	sis of examinatio	ledge, deeth on and/or inv	occurred at threstigation, in r	ne ti	me, date and	d piace, th occurr	and due to the	ceuse(s) and date and place	menner as	stated. to the ceuse(s)
	To the within To the comple	Me	29b. Signature and title of certifier	M U	105	וגונ		Cans	2Z0	4	3	29d. Date sig	ned (Month	G6
	Sta	te	30. Name and address of person who 1 2 GG H- (U) 31. Date filed (Month, Day, Year)	ue 1) 1	2)	HA	(1251		m	2	2174	0.		
	Registr		MAY 1	1996	falia Dave	dorke	dall							

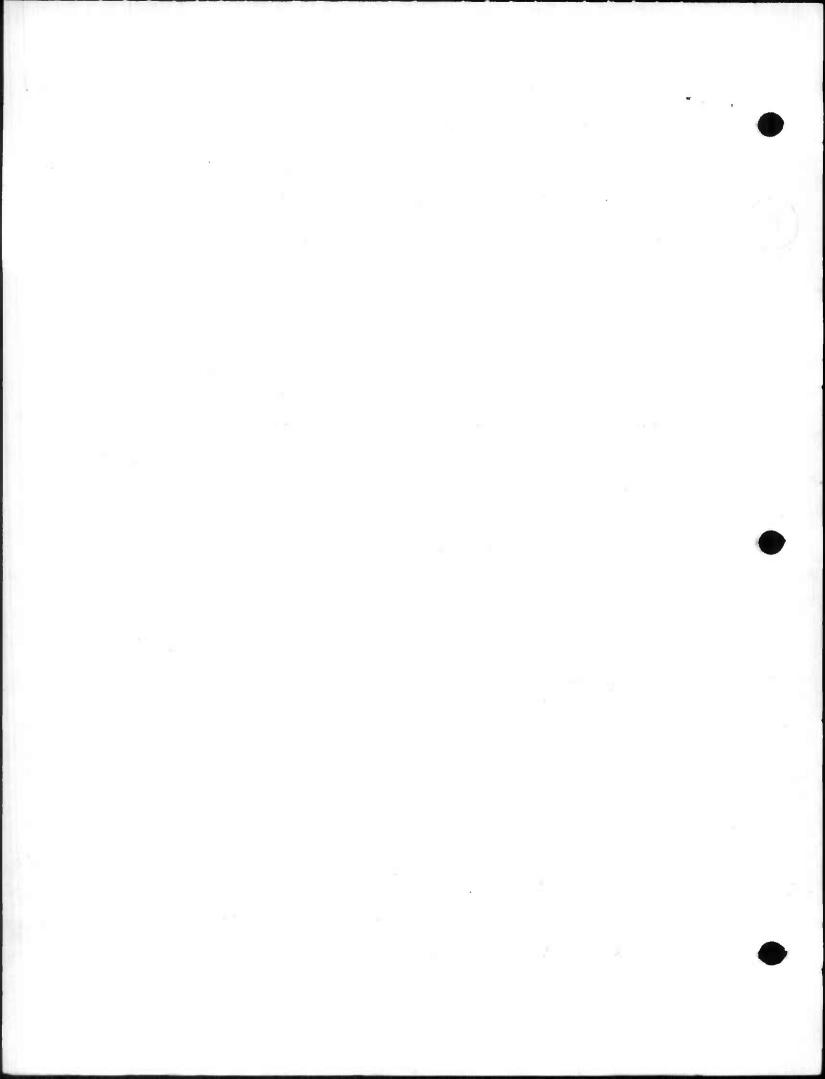
DHMH 16 Rev 6/95

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		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF H	EALTH AND MI	ENTAL HYGIEN REG. NO.		0 15537					
		1. DECEDENT'S NAME (First, Middle, Last) Emma Elizabeth El:	izabeth LAYMA	N			May 15,	** 1996 *EA	3. TIME OF DEATH 3:00 A M					
		4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)					
should		214-09-7169 9s. FACILITY NAME (If not institution, give s		9 YRS.	9b. CITY, TOWN O	OR LOCATION OF DEAT		1896 W	. Virginia					
3 sh	O.	Ravenwood Luther	ran Village			rstown			shington					
F	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY					
- /		Maryland Was	shington		На	gerstown			1 X YES 2 NO					
_ E	FUNERAL	100. STREET AND NUMBER			101	I. ZIP CODE			F WHAT COUNTRY?					
- 8-5	UNE	1183 Luther Driv	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	21740 ENDENT OF HISPANIC	ORIGIN? (Specify Yes	U . S	ACE American Indien.					
YLAND 21215-0020 by the hospital or attending physic be detached for use as the bornal at once.	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA		If yes, sp	ecify Cuban, Maxican, 2 NO Specify:	Puerto Rican, etc.)	В	lack, whita, atc. becity: White					
1215. r attend use as	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTR						
	PLE	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	Manas			Potoi	1 5010-						
MARYLAND retained by the hospit 5 should be detached notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	0	Malia	ger	18. MOTHER'S NAME	(First, Middle, Meiden	1 Sales Surname)						
RYL aid by t	BE (James Jefferson	Via				Jane Mil							
Z 22 2	5	190. INFORMANT'S NAME (Type/Print) Robert Downin II	Great II Grandson			To 11 days								
2 8 0		20a, METHOD OF DISPOSITION	20b.	PLACE AND DATE	BOX 310 OF DISPOSITION (No			CATION — City of						
MORI ge 6 may lirector, p		1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specily)	R	est Have	en Cemet	ery_5-17-		erstown	, Maryland					
BALTIMORE, BALTIMORE, ter death. Page 6 may be the funeral director, page oval.		21. SIGNATURE OF FUNERAL, SERVICE LIC	CENSEE -	1										
		22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740 3. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
urs in b		ahock, or heart fellure.	List only one cause on ea	the deeth. Do i ich lina.	not enter the mo	ede of dying, auch a	as cardiac or reepi	ratory arreat,	Approximate Interval Between Onset and Death					
760, d within 23 no ompletely filled 1, cremation, or event, the m		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Metari	whire !	carino	an R	luge		9 months					
P 20 20 - 00			a. Metartaellie canimona to light 9 Due to for as a consequence of: b. Mand Cell Canistryian 5											
68 and and bur	CERTIFICATION	Sequentially list conditione, if any, leading to immediate	b. JUHAN CUU CALLINATAN 3 DUE TO (DR AS A CONSEQUENCE OF):											
m e s	-ICA	CAUSE (Disease or Injury	C. DUE TO (OR AS A CONSEQUENCE OF):											
	ITI	thet initieted events reaulting in death) LAST	d.		į									
Se se se se se se se se se se se se se se		PART II. Other eignificant condition	es contributing to death bu	at not resulting	in the underlying	g cause given in Pa	ert I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS					
W = 55 -	EDICAL	Myseles sine	andiogram	be de	noose		PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
RECOR requires that peen signed by of Health an	Σ	"attack fish	i late						OF DEATH?					
	AN:	25. WAS CASE REFERRED TO MEDICAL												
T t e e e e e e e e e e e e e e e e e e	SICI	EXAMINER?	HOSPITAL: 1 Input Inpu	Itlant 3 DOA	OTHER:	LACE OF DEATH (Check								
OF V PHYSICIA this certif with the	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c, INJ		6d. DESCRIBE HOW I	NJURY OCCURED						
ON OF BING PHYS After this of feath with marked,	BY	1 Natural 5 Pending 2 Accident Investigation	28s. PLACE OF INJURY	- At home form		YES 2 NO	44 1 001T(0) (C)							
DIVISION OF VI- 1. OR ATTENDING PHYSICIAN: DIRECTOR: After this certifications after death with the St. Nours after death with the St. Nours after death with the St.	ETED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Speci	ify)	street, rectory, orne		81. LOCATION (Street a City or Town, State)	and Number or Hui	al Houte Number,					
DIV HOSPITAL OR A FUNERAL DIREC within 72 hours	COMPLET		CIAN: To the best of my knowledge: On the basis of examination						e(s) end menner as stated.					
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h	8	29b. SIGNATURE AND TITLE OF CENTIFIED	Chall.	// 8	4	29c. LICENSE NUMBI		29d. DATE SIGN	IED (Month, Day, Year)					
6 6 % ₹	٤	30. NAME AND ADDRESS OF PERSON WH				1010	57	5/	16/14					
		Dr. Edson Moody			Rd Hag	gerstown	, MD 217	40						
		31. DATE FILED (Month, Day, Year) MAY 1 7 199	32. REGISTRAR'S SIGNA											
			O James Bridge	M. Markett										

DHMH-16 Rev 1/89



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

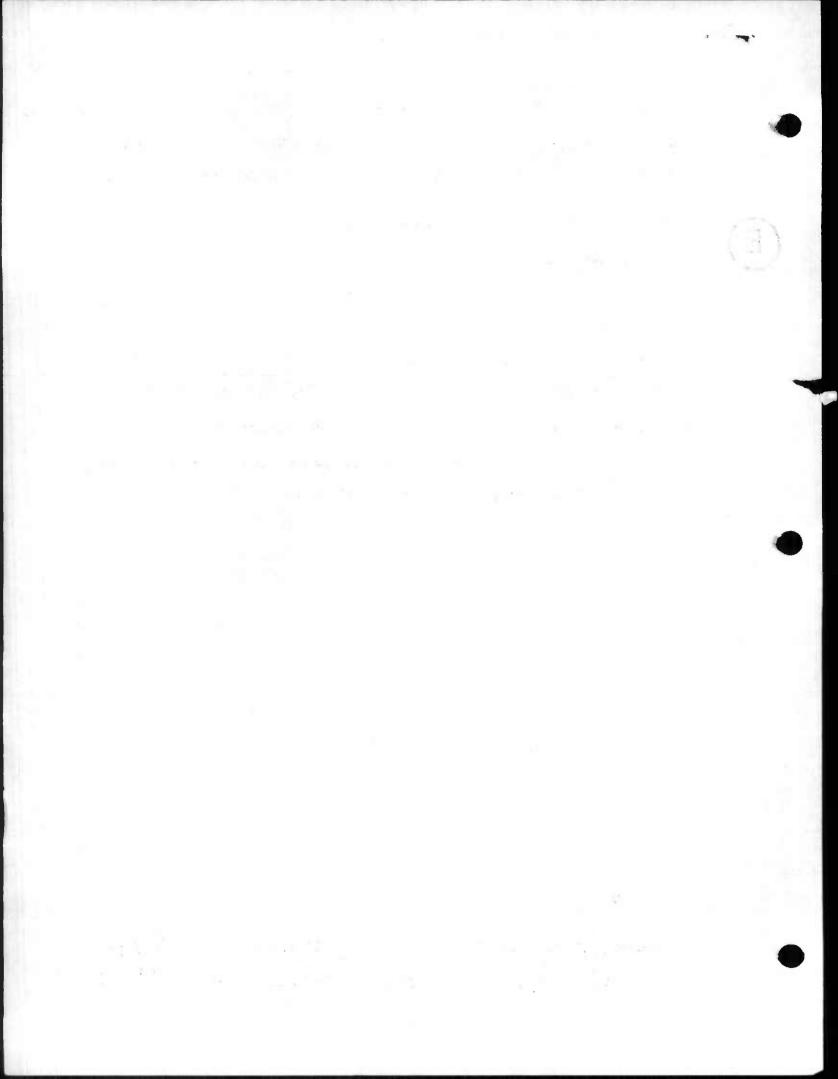
State of Maryland / Department of Health and Mental Hygiene 15538 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** EMILY LEATHERMAN Μ. 10, 1996 8:08 AM. MAY /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 960 Uniontown Road Westminister Carroll If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funeral** 1□M 2\ F Months Deys Hours Min Yrs. 218-07-3838 Director February 27,1911 MD Usuef Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 No Director Carroll MD 960 Uniontown Road 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 960 Uniontown Road Funeral 21158 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②NO If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Maritel Stetus 14. Rece - American Indian. Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 à traumatic event, the Medical Exam 1 ☐ Yes 2 No Specify: þ 3 Nidowed 4 Divorced 72 hours "natural". White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filled within 2. Department of Health and Mental Hygiens important: If from 27 is merited other than "ne any injury or other traumstic event the page. Etementery/Secondery (0-12) College (1-4or 5+) Education 12 School Teacher 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be James William Mason 2 Orintha Hannah Exline 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Paul W. Leatherman 18812 Preston RD Hagerstown, MD 21742 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 1 Burial 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) St.Peter's Catholic Cemetery 5/13/96 Hancock, MD 21750 Signature of Funeral Service Ligan 22. Neme end Address of Fecility Grove Funeral Home P.O.Box 368 Hancock, MD

23a. Pert1. Enter the disease or complications by t caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. 21750 Approximete Intervet Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Examiner Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Oisease or Injury that initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of) attanding p is certificate has been signed by the a director, page 2 should be datached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Yes 22 Nor þ 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy periormed? 1 Yes 2 No 1 ☐ Yes 20 No Hospital or Attanding Physician:
 24 hours aftar death.
 Funeral Director: Aftar this certifica stall filled in by the funeral director. Be 25. Wes cese referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: P 1 Yes 20 No 25 EB/Outpatient 3□ DOA 1 | Inpatient 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending 1 Naturel 1 Yes 2 No investigation 2 Accident 3 Sulcide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di complataly fillad in 10 Certifying Phyeiclan: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, end due to the cause(s) end menner steted. edical 29a. Certifier 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certific 29c. License number Col pleted cause of deeth (Item 23e) (Type, Print) 30. Neme end eddress of a 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Develor Rendal

DHMH 16 Rev 6/95

Registrar

MAY 23 1996



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Deeth 1:00 AM Month **Physician** Kenneth Eugene MANN 10, 1996 May /Medical 4e. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 17615 Meadowood Drive Washington Hagerstown If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Yaar Birthplece (State or Foraign Country) 7. Age (In yrs. last birthday) **Funeral** 1⊠M 2□ F Months Days 219-46-2159 Yrs. 50 Director 16, 1945 Maryland Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Washington 1 ☐ Yes 2 ♥ No Hagerstown Directo 10e. Sfreet and Number 10f. Zip Code 10g. Citizan of What Country? 17615 Meadowood Drive 21740 USA Funeral 12. Wes Decedent Ever In U,S. Armad Forces? 1 ☐ Yes ≥ 2 ☐ No ff Yes, Give Year or Detas: Wes Decedent of Hispenic Origin? (Specify Yas or No If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Rece - Amaricen Indien, Black, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No Specify: the Medical Exam þ Specify: white 3 ☐ Widowed 4 ☐ Divorced "natural" Completed 15. Decedent's Education (Specify only highest grada completed) 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry filed within 72 ! al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) principal schools permit. Pages 1 and 2 should be fit.
Department of Health and Mental His Important. If Item 27 is marked other any injury or other traumers. traumatic event, 17. Fathar's Name (First Middle Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be Carl M. Mann Helen G. Wiegand 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Diane Mann 17615 Meadowood Dr., Hagerstown, Md. 21740 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stafa PD Buriel 2 ☐ Cramation 3 ☐ Ramoval from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Cedar Lawn Memorial Park 5-13-96 Hagerstown, Maryland 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23a. Part 1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in deeth) Examiner Examiner ettending physician end for use es the burial-transit Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Undarlying Cause (Disease or Injury fhel Initiated evants resulting In death) Last Due to (or es a consequance of): P.O. Box 68760, that the death certificate be Physician/Medical Dua to (or as a consaquance of): ed by the etter Pert If. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings evalleble prior to completion of ceuse of death? page 2 should Completed 24e. Wes en eutopsy periormed? peen certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Assidence 6 Other (Specify) Hospitel: 1 Inpatient 2 ER/Outpatienf 3 DOA 2 1 Yes 2 No After this 28c. Injury et Work? To the Hospital or Attending Pt within 24 hours after deeth.

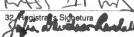
To the Funeral Director: After th completely filled in by the funeral 27. Menner of Deeth 28a. Deta of Injury (Month, Dey Year) 28b. Tima of 28d. Describe how Injury occurred Certification: 5 Panding investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 ☐ Could not be determined 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homiclde 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the fime, dete end plece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the best of axamination end/or investigation, in my opinion, deeth occurred at tha tima, data and plece, end due to the cause(s) end menner steted. 29e. Certifier Medical (Check only one) 295. Signetura and titla of certifier 29c. Licensa number 29d. Dete signed (Month, Dey, Year) 30. Na

State Registrar

31. Dete filed (Month, Day, Year)

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e end address of person who completed cause of death (Item 23e) (Type, Print)



A. Marine C. Marine

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 15540 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month MITCHELL MILLER MAY 12, 1996 7:04 PM 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Baltimore BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Sociei Security Number 8. Dete of Birth (Month, Dey, Year) Feb. 12,1969 7. Age (In yrs. lest birthdey) Birthpiece (State or Foreign Country) 1⊠M 2□ F 592-16-3289 Yrs Massachusetts Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d Inside City I Imits Maryland Washington Hagerstown 1 ☐ Yes 2 ☑ No 10e. Street end Number 10f Zin Code 10g. Citizen of What Country? 20827 Emerald Drive 21742 USA 12. Wes Decedent Ever in U,S. Armed Forces? 11. Meritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 ☑ No Specify Specify. white 3 ☐ Widowed 4 ☐ Divorced Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) _ _ -17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) unknown unknown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20827 Emerald Dr., Hagerstown, Md. 21742 Thomas C. Hammett, Jr. 20b. Plece of Disposition (Neme of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Burlal 2 X Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) Hagerstown Crematory 5-14-96 Hagerstown, Maryland 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility MINNICH FUNERAL HOME Hemuico 415 E.Wilson Boulevard, Hagerstown, Maryland21740 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line brosis fmmediete Ceuse (Finel diseese or condition resulting in deeth) es e consequence of) Bleeding Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest pivatory Due to (or es e consequence of): 1 week Rema allune Pert If. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? 2 No Yes 1 ☐ Yes 2 No 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) 1 ☐ Yes. 20 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Appatient 2 ER/Outpatient 3□ DOA 27. Menner of Deeth 28a. Date of injury (Month, Day 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending 2 Accident Investigation 1 ☐ Yes 2 No 6 Could not be 28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end manner stated. 29b. Signeture a d tie of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

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Baltimore Manyland

Examiner The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cartifice n 24 house the Funeral Directory To the Hospi within 24 hou To the Funer completely fil

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Baltimore, Maryland 21215-0020

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State Registrar

32. Registrer's Signeture

nd eddress of person who completed cause of deeth (Item 23e) (Type, Print)

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Amend #8 Wash. CO may 15, 1996 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 15541 Certificate of Death 1. Decedent's Neme (First, Middla, Last) John_Russell Mann 2. Dete of Deeth 3. Time of Death Month MAYDey TOHN . RUSSELL. 21:03 05 4a. Facility Neme (If not institution, giva street and number 4b. City. Town, or Location of Deeth 4c. County of Deeth Washington County Hospital Hagerstown Washington If Undar 1 Yaar If Undar 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) 6/16/1912 6. Sex 1X M 2□ F 7. Age (In yrs. lest birthday) Birthplece (Steta or Foraign Country) Deys Yrs 83 173-03-3634 Mercersburg, PA Usuel Residence of Decedent June 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYas 2 □ No Franklin Wavnesboro 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 101 N. Broad Street 17268 U.S.A. 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Datas: Was Decedent of Hispenic Origin? (Spacify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, White, atc. 11. Maritel Status 1 Navar Married 20 Married 1 ☐ Yas 2 🕅 No Specify Specify: white 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 11th Boring Mill Operator Tool Co. 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Charles H. Lydia Shives 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) wife 101 N. Broad Street, Waynesboro, PA Bette Mann 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Data 1 X Burial 2 ☐ Cremetion 3 X Removel from State 4 □ Donation 5 □ Other (Specify) 5/16/96 Green Hill Cemetery Waynesboro, PA 17268 22. Nama and Address of Fecility PA 17268 erso Grove Funeral Home, Inc. 50 S. Broad St., Wave-boro at caused the deeth. Do not entar the mode of dying, such as cardiac or respiratory errest, on sech line. Approximete Intervel Between Onset and Death if eny, leading to Immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No 24b. Were autopsy findings available prior to complation of causa of death? 24a. Wes en eutopsy performed? 210 No 1 ☐ Yas 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only ona) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Dinpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 1 DiNetural 5 Pending 1 Tyes 2 No Investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 1 Sertifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end manner as steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner steted. 29a. Certifier

29c. License number

MD

29d. Date signed (Month_Day, Year)

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HAOTERSTOWN

Division of Vital Records, P.O. Box 68760,

The law requires that the death cartificeta be axecuted attending physician and I for use as the bunal-transit been signed by the a should be detached f page 2: certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, i

Physician

/Medical

Examiner

Director

Funeral

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Certification: To

Medical

29b. Signature

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", no least injury or other traumatic events.

Physician /Medical Examiner

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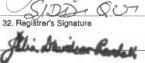
State Registrar

30. Name and address of person who completed cause of/deeth (Item 23a) (Type, Print)

and title of certifier

SHAHAB

31. Dete filed (Month, Dey, Yeer)



DHMH 16 Ray 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Hospi 24 hou Funer stely fill		29a. Certifier Check only one) Certifying Pl	hysician: To the best of miner: On the basis of end menner stel	examineti	rledge, deeth on end/or inv	occurred evestigetion,	t the t	time, dete en oplnion, dee	d placa, e	end due to the ed et the time	cause(s) end , dete end plec	menner es s e, and due t	steted. o the ceuse(s)	
2520 0		29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, 189258 May 13, 19												
To the within 2 To the comple		Sha	<u> </u>		30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Suresh Verghese, M.D. c/o Maryland General Hospital									
To the within To the comp				Mary	land	Gener			tal			13, 1.	790	

_	REGISTRAN				VENT	IIIVA	IL OI	DEAI	п	REG. NO.			
	1. DECEDENT'S NAME (First		milton M	artin						2. DATE OF OEATH MONTH DA	NY.	YEAR 3	. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birtho	m/1 = E 104	DER 1 YEAR	IF UNDER 2	V4 14500	May 8	199		0648 A M
	212-01-752		1 M 2 F		7 88 YR	-			MIN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not in				7 00	_	ITY, TOWN	OR LOCATION	N OF DEA	February 2		TY OF DEA	Maryland
OB	Medpointe	Contin	mino Car	e Cen	ter		E11	kton				ecil	
5	Medpointe RESIDENCE OF DEC	10b, COUNT		c ocn		0.000							
FUNERAL DIRECTOR					10C.		N OR LOCA	IION					Dd. INSIDE CITY LIMITS?
1	Maryland 10e. STREET AND NUMBER		Cecil			E1	kton	I. ZIP CODE			10a CITIZ		YES 2 1 NO
ERA	2344 Oldfi	old Do	int Dood				"	21921					AI COONTHY?
N N	11. MARITAL STATUS	ela ro	12. WAS OECEDEN			1		CENDENT OF	HISPANIC	ORIGIN? (Specify Yee		ISA 14. RACE -	- American Indian, White, etc.
BY F	1 Never Married 2 S		FORCES? 1 IF YES, GIVE W					pecify Cuban, 5 2 🔯 NO		Puerto Ricen, etc.)		Black, V Specify:	White, etc.
		EDENT'S EDU	1			- 1							hite
TE		y highest grade	completed)		16a. DECEDEN (Give kind life. Do NO	T'S USUAL of work do T use retired	STRY						
PL	8						sor			Transpor	tatio	n	
COMPLETED	17. FATHER'S NAME (First, M							18. MOTHE	ER'S NAME	E (First, Middle, Meiden	Sumame)		
BE (Harry E.	Marti	.n					1	[dell	la Russell			
6	19e. INFORMANT'S NAME (7)				19b. MAII	ING ADDRI	ESS (Street	end Number o	or Rural Ros	ute Number, City or Town	, State, Zip (Code)	1 01001
-	Mary A. La				233	Ola	rier	Poin		ad, Elkto			
	20a. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State		tery, crematory					5-10 96 E1kt	CATION — C	lty or Town	, State
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		CENSEE	- EI	kton (emet	ery	ND ADDRESS	OF FACI	96 E1kt	on, M	laryl	and
	• 1		0 .1.							Funerals	, P.A		
	Donu	الل	S. Hee	las)	1	03 W	Stoc	cktor	St., Elk	ton,	Mary	land 21921
	23. PART I. Enter the di shock, or he	aart fellura.	List only one cau	se on aac	tha death. I ch lina.	o not ant	er tha mo	oda of dyln	g, such	as cardiac or respi	ratory srre	st,	Approximata Interval Between
	IMMEDIATE CAUSE (Fin disease or condition		M. A		4. 1				,				Onset and Death
	resulting in death)		a. DUE TO	(OR AS A C	CONSEQUENC	OF):	Ca	ncor					3 years
z	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, If sny, leading to immediata												
2	cause. Entar UNDERLYING CAUSE (Disease or Injury												
Ē	CAUSE (Disease or Injury that initiated events resulting in death) LAST												
S			đ										
EDICAL	PART II. Other significs	nt condition	s contributing to	death but	t not resulti	ng In tha	underlyin	g cause giv	van in Pa	art I. 24s. WAS AN . PERFOR			ERE AUTOPSY FINDINGS
9										1 YES 2	NO	C	OMPLETION OF CAUSE F DEATH?
Σ							/	_		_		1	YES 2 NO
AN	DID TOBACCO U		RIBUTE TO CA					UNCE	RTAIN				
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:		8. PLACE OF (ОТЫ	ER:						
H X	27. MANNEB-OF DEATH		1 Inpatient 2 28e. DATE OF			TIME OF	7	URY AT		Other (Specify)	HIDV OCCI	IDED	
		Pending Investigation	(Month, Da	ny, Year)		INJURY M	WC	YES 2	_ 1	oc. occombe non n		, neo	
D BY	2 - 6-4-14-	Could not be	28e. PLACE OF	F INJURY — etc. (Specify	At home, fer	m, street, f	netory, offic		2	161. LOCATION (Street a	nd Number o	r Rural Rout	ta Number,
	4 Homicide	determined	- Januaria,	are: (upacity	,, 					City or Town, State)			
COMPLETED	290. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowled	dge, death oc	urred at the	time, date	end place, a	and due to	the cause(e) end men	ner ea stated	1.	
OM										me, date and place, and			nd menner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,												
5 B	Max 15-9-96											96	
	Monte Mak 31. DATE FILEO (Month, Day,		4.D. 111	West	High	Stre	eet,	Elkto	n, Ma	aryland 21	1921		
		1996	Julia di live	lear R	robath								
	IIIAI I U	1000	A Providence										

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iges 1, 2, 3 should

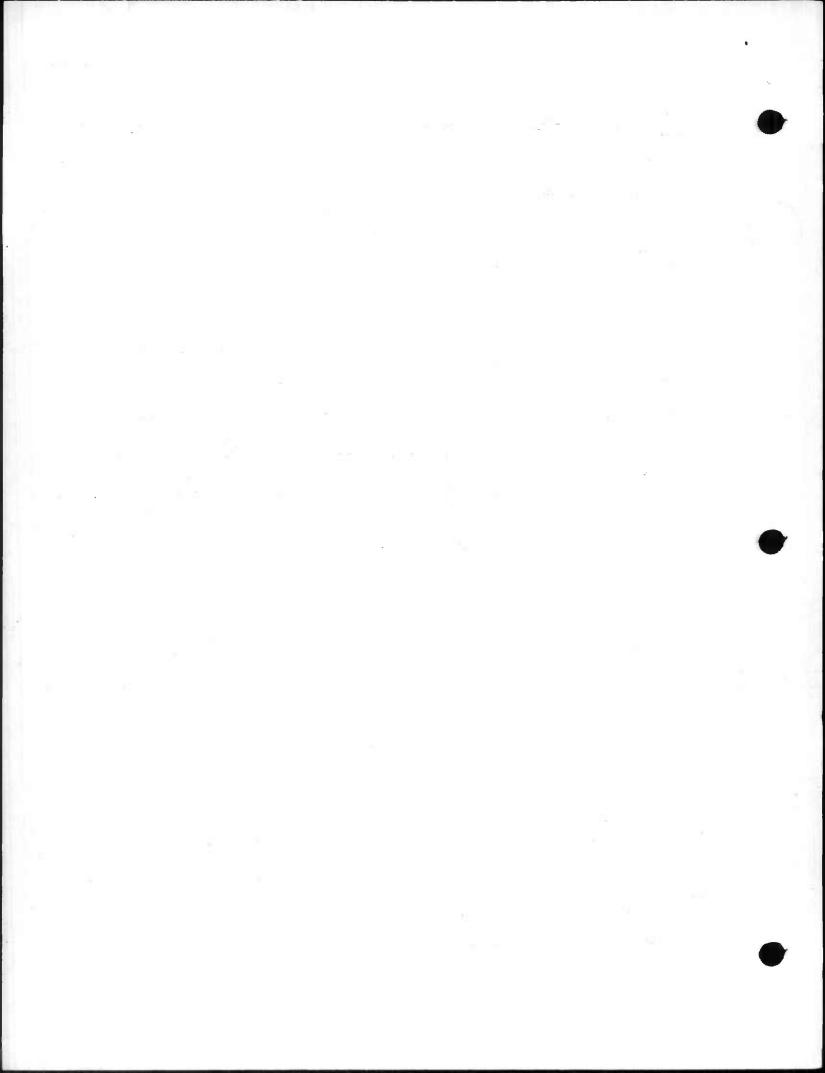
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat be associated within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIVE state this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filled within 72 hours after death with the State Gegt, of Health and Mental Hygiene prior to burial, certainly, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



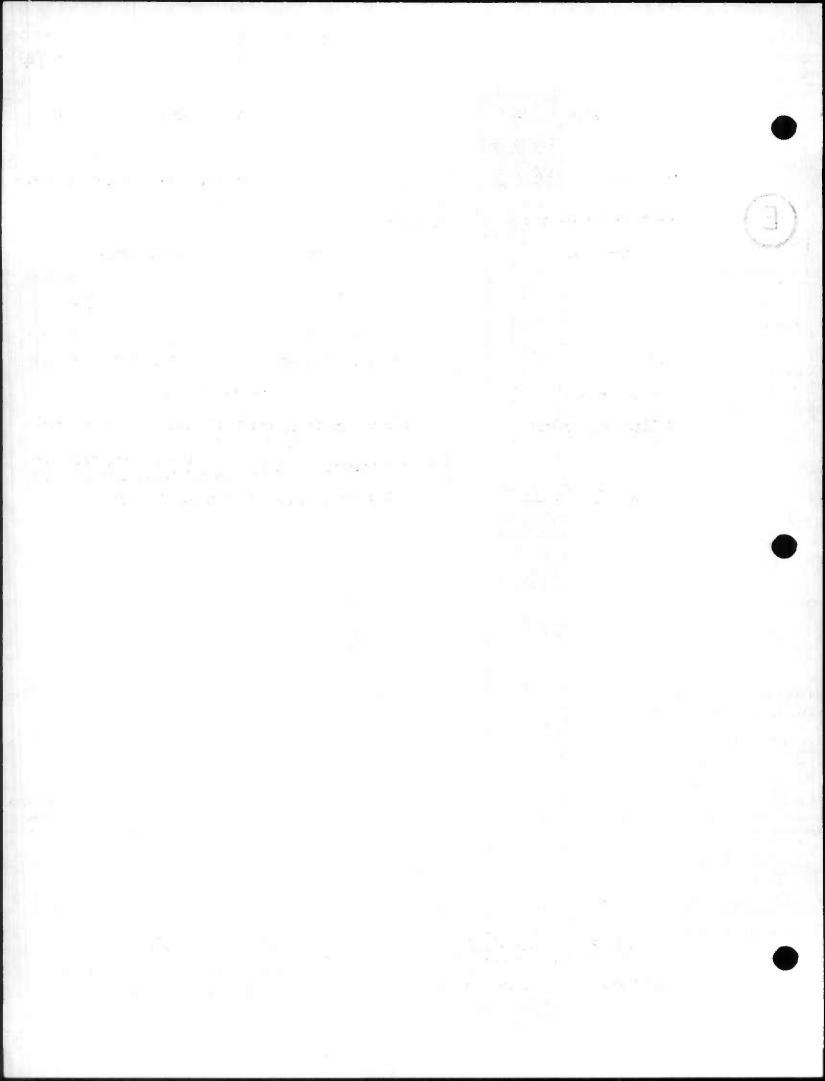
Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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					Cer	tificate of	Death			Reg. No.			
Physician /Medical		Decedent's Neme (First, Middle Billy	Mack	Mortor	1				2. Dete of D Month May 9,	Dey 1996	Yeer	3. Time of Deeth 4:30 A.	
Examiner	4	e. Fecility Neme (If not institution Careplex Nur							pring		of Deeth	ΣΥ	
Funeral Director	2	Sociel Security Number 44-14-2904 Isual Residence of Decedent	6. Sex XX M 2□ F	7. Age (In yrs. I 73	est birthdey) Yrs.	If Under 1 Year Months Deys		24 Hrs. Min.	8. Date of Bi (Month, D	rth ey, <i>Year</i>) , 1922		eleca (Stete or Foreign http:// th/Carolina	
find at	1	0e. Stete 10b. County Maryland Prince			, Town or Loc litland						1	0d. Inside City Limits 1 ☐ Yes 2 ☑ No	
at be notified at De notified		0e. Street end Number 6123 Auth Road	i			10f. Zip Code 20°	746			10g. Citizen of United			
Examiner must		Meritel Stetus Never Married 2 Marr Widowed 4 Divorced	ied 1 ∑ Yes	edent Ever in U, prces? 2 No 196 etes: 196	55- 1	Ves Decedent of Yes, specify Cub			ecify Yes or N Rican, etc.)	o- 14. Re- Ble Specil	ce - Americ ck, White, y: Wh		
ygiene. Ner than "naturat, the Medical I		15. Deceden (Specify only higher Elementery/Secondary (0-12)	ent's Usuei Occu kind of work done O NOT use retire	ed)		ing	16b. Kind of B						
and Mortal Hygins marked other aumatic event, il	17. Fether's Neme (First, Middle, Last) Thomas Morton 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (S							18. Mother's Neme (First, Middle, Maiden Sumeme) Nanny (UNKNOWN)					
Appartment of Health and Important; if them 27 is m ny injury or other traum fice.	2	Allison K. Lar Da. Method of Disposition 1 Disposition 1 Disposition A Donetion 5 Other (S)	aders 3 □ Removel from specify)	Stete	1604	Danton ition (Name of etory or other ple	Lane, May	Mit	chellv 1996	ille, Ma 20c. Location Chelter	rylar - City or To nham,	nd 20721 wm, Stete Maryland	
Depart import any in ansa	2	1. Signeture of Funerel Service	Kicensey									6633 OTG	
g physician and as the buriel-fransit as the buriel-fransit as the buriel-fransit as the clical Examiner	Alexandria Ferry Rd, Clinton, Md 2073 23a. Pert1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or es a consequence of):										A	Onset end Death	
by the attendin sched for use thysician/N	d. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Pert I.										antribulia to 3 ☐ Prot		
2 should be									24e. We	s en eutopsy ormed?	COL	ere autopsy findings elleble prior to mpletion of cause deeth?	
director, page		5. Wes case referred to medical examiner?					26. Place	of Plan	1 □	Yes 2 AM6	10	Yes 2□ No	
h. After this funeral di		1 Yes 7. Menner of Dutin 1 Accident 2 Accident 3 Suicide 4 Homlolde	g 28a. Dete of (Mont)	of Injury th, Dey Year)	ER/Outpatient 28b. Time of injury me, ferm, stre	28c. Inju	ny at ork?]Yes 2□	No	28d. Describe	Idenca 8 Ott how Injury occur (Street and Num. wn, Stete)	red	y) al Route Number,	
within 24 hours effer deat To the Funeral Director: completely filled in by the Medical Certifica		9e. Certifier 1 Certifyin (Check only one) 2 Medical I	g Physician: To the Examiner: On the be end mann	ssis of examineti	vledge, deeth ion end/or inve	occurred at the ti	me, date en opinion, dee	d plece, oth occurr	end due to the	cause(s) end m	anner as st	tated. the cause(s)	
To the comple	2	2b. Signeture end title of cartifier	. /	km		29c. Licen	se number	4	-	29d. Dete signe	ed (Month,	Dey, Year)	
		Neme end eddress of person of the state of t	. LENK	INM	19	rint)	23	WHE	Atto	REFIE	20	RD	
State Registrar	3.	Dete flied (Month, Dey, Year) MAY 1	5 1996 32. R	egistrer's Signet	dier Rev	Call							



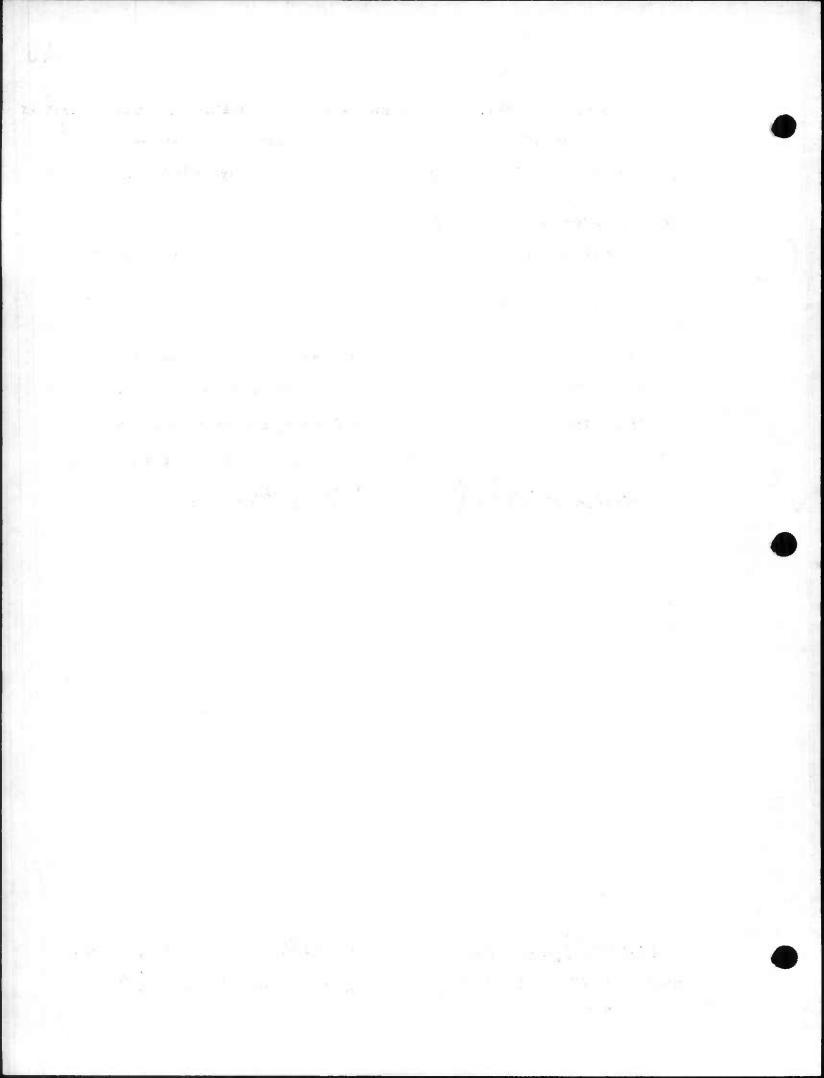
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

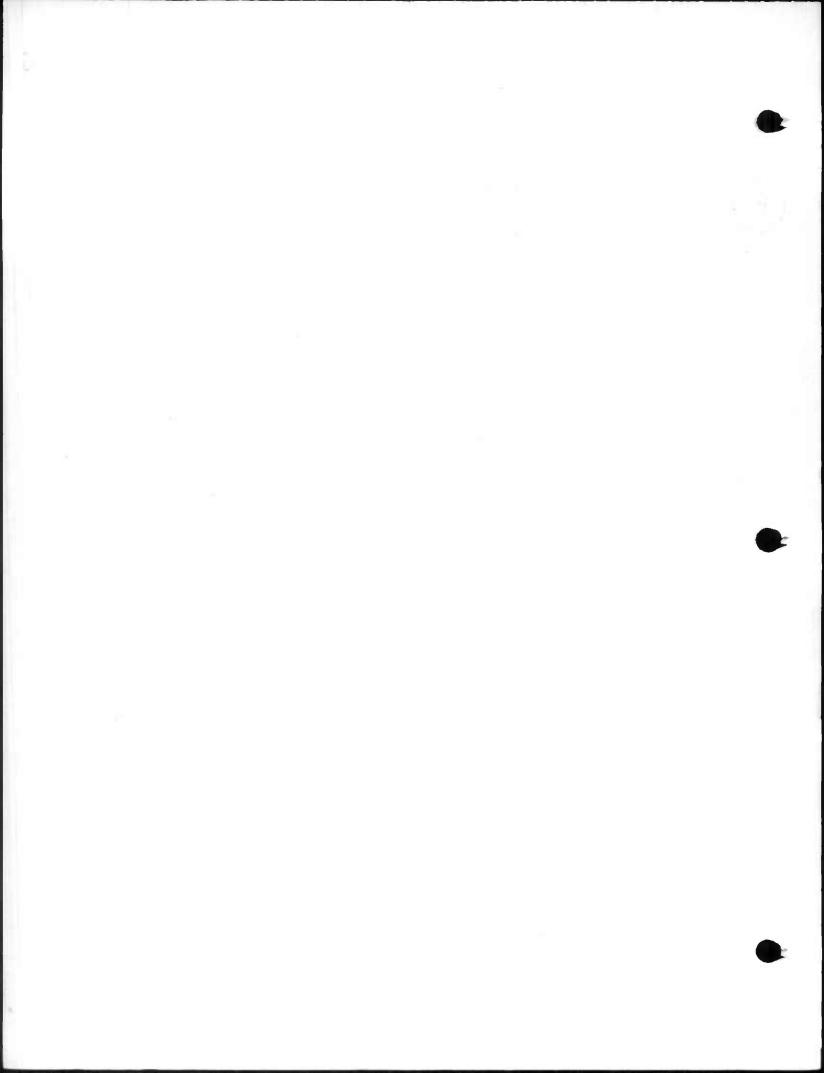
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		1 Decedant's Nama (First Middle Last) 2 Date of Death											4 77 4 7 7		
Physic /Medi		Decedant's Nama (First, Middle MONICA	М	ARY	MC	PARTLA	, -			2. Data of Domestin	29	Yaar 1996	3. Tima of Death 11:35 AM		
Examir	ner	4a. Facility Nama (If not institution Sacred Heart H		number)				46. City, To Cumbe		ocati <i>on</i> of Dea rd	4c. Coun	ty of Death			
Funeral Director		5. Social Security Numbar 212-38-5715	6. Sex 1 □ M 2 □ F		s. last birthday) 89 Yrs.	If Undar 1 Months D	Yaar Days	If Undar Hours	24 Hrs. Min.	8. Data of Bi Month, D May I	1906	9. Birthp Cour Mary	placa (Stata or Foraign http:) yland		
atter leadh with the Maryland or Itsens 23s or 28s-f show unifer must be notified at	ector	Usual Rasidance of Dacedant 10a. Stata 10b. County Maryland Alleg 10e. Street and Number	any		city, Town or Lo								10d. Insida City Limits 1 G Yas 2 ☐ No		
E de la sette	ai Dir	Legislativ	e Road			10f. Zip Co					United				
020 ours after the rat, or items Examiner m	by Funeral Director	11. Marital Status 1 Nevar Married 2 Marri 3 Widowed 4 Divorced	Armed	icedant Evar in l Forcas? 5 2 No Giva Datas:		Was Decedan f Yas, specify 1 ☐ Yas 2 🔯	_		gin? (Sp i, Puarto	ecify Yas or N Rican, atc.)	o- 14. Ra Bi	ace - Amaric ack, Whita, ify: Whita	atc.		
vithin 72 hc erre. than "natur the Medical	Completed	15. Decedent (Specify only highas Elementery/Secondary (0-12)	t grada complated	d) (1-4or 5+)		dant's Usual C kind of work of DO NOT use i			t of work	ing	16b. Kind of	dustry			
Baitimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filled within 72 hours after Department of Mealth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or it any injury or other traumatic event, the Medical Examinance.	To Be Co	17. Fathar's Nama (First, Middla, I Harmon Arno			School Teacher Education 18. Mothar's Nama (First, Middla, Maldan Surnama) Dahlia Monahan										
and 2 sho		19a. Informant's Name/Ralationship (Typa, Print) Sally Borgman 19b. Meiling Addrass (Street and Number or Rural Routa Number, City Florida Way, Lonaconing, 20a. Mathod of Disposition 20b. Place of Disposition (Nama of Long) Data 20c.										21539	9		
Itimore It. Pages I		20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) 20b. Place of Disposition (Nama of cematary, cramatory or othar place) Saint Gabriel's Cem. 20c. Location - City or Saint Gabriel's Cem. 21. Signature of Funaral Service Licensee													
Balti permit. Departm importer eny inju		Saint Gabriel's Cem. 5-2-96 Barton, Md 21. Signature of Funaral Service Licensee 22. Nama and Addrass of Facility Boal Funeral Home 111 Church St. Westernport, Md. 215													
Physician /Medical Examiner	ler	Boal Funeral Home 111 Church St. Westernport, Md. 215 23a. Part1. Enter tha disaasa, or complications that ceused tha death. Do not antar tha moda of dying, such as cerdiac or respiratory arrast, Immediata Causa (Final disaase or condition rasulting in daath) Dua to (or as a consequence of):											Approximeta Intarval Batween Onsat and Death		
OX 68760, certificate be asscuted right physician end use as the buriel-transit	n/Medical Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Entar Undarfying Cause (Disaasa or injury that initiated events rasulting in daath) Last		ua to (or as a consequance of): ua to (or as a consequance of):											
S, P.O. Botast the death gened by the atterned for the detached for the de	Physicial	Part II. Other algnificant condition		death but not re		ndarlyIng cous	fyling ceuse givan in Pert I. 23				23b. Did tobacco use contribute to the cau				
Records, Figure 1 The law requires the 14th has been signed bage 2 should be del	Completed by		24a. Was an autopsy performed? 24b. Wara autopsy findin available prior to complation of cause of death? 1 Yas 2 No 1 Yas 2 No							allable prior to implation of causa death?					
Division of Vital Records, P.O. Bo To the Hospital or Attending Physician: The law requires thet the death within 24 hours after deeth. The Funeral Director: After this certificate has been signed by the atter completely filled in by the funeral director, page 2 should be deteched for	To Be	25. Was cesa rafarred to medical axaminar? 1 Yas 2 No Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA						8c. Injury at Work? 1 Yas 2 No			ck only ona) Rasidance 6 Othar (Specify) ascribe how injury occurred				
Division To the Hospital or Attending Is within 24 hours after death. To the Funeral Director: After completely filled in by the funeral	Medical Certification:	29a. Cartifiar 1 Certifying		ding, atc. (Special special sp	ify) owladga, daath	occurred at t	ha tir	na, data an	d place,	City or To	wn, Stata)	nannar as s	al Routa Number,		
To the H within 24	Medi	29b. Signatura and titla of certifier	end ma	innar stated.	ation and of the			a number	1100011	oo at tha tima	29d. Data sign	ned (Month,	Day, Year)		
This		30. Nama and address of person w	tho completed certain AL) a EL	use of deeth (Ita	m 23a) (Type, M G15		.01	acer	1 MS	My	215	39	1996		
Sta	te	31. Data filed (Month, Day Year)	7 1996 32.	Redistrar's Sign	natura Re-	lail									



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TO BE COMPLETED BY FUNER	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
caminer must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
funeral director, page 5 should be detached for use as the burial-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.)
eath. Page 6 may be retained by the hospital or attending physician.	V TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after de	D
ALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	1
	le	/

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR Certif					MENTA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	-			-			2. DATI	E OF DEATH			3. TIME OF DEATH	
1 3	Samuel Morgan							MONT	7		996	11:37 Am	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthdey)	IF UNDER 1	YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTHP	LACE (State or Foreign	
- 1	216 05 5318	1 🖾 M 2 🗆 F 85	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) 29, 19	10	MARV	LAND	
	9a, FACILITY NAME (If not institution, give st	treet and number)		9b. CITY,	TOWN 0	R LOCATIO	ON OF DEA		27, 17		NTY OF DE		
DR	FROSTBURG VILLAG	E NURSING HO	ME	F	ROS	TBUR	G			AT.	LEGAN	ry	
5	RESIDENCE OF DECEDENT										BEOTH	-	
DIRECTOR	10e, STATE 10b, COUNTY			Y, TOWN OF		ION						10d. INSIDE CITY LIMITS?	
	MARYLAND ALL	EGANY	F	ROSTE								I ☐ YES 2 🛣 NO	
FUNERAL		n			101.	ZIP CODE				10g, CIT	ZEN OF WH	HAT COUNTRY?	
N	12230 CARLOS ROAL						532				·S.		
F	1 Never Merried 2 Merried	12, WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	11	yes, spe	cify Cuber	n, Mexican	, Puerto	N? (Specify Yee Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.	
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1	_ YES	2 📉 NO	Specify:			İ	Specify: WHITE		
0	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OC	CUPATIO	N		161	b. KIND OF BUS	NESS/IND	DUSTRY	***************************************	
Ti.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of slife. Do NOT us	work done du se retired.)	uring mos	st of working	g						
MPL	6		JANI	TOR				r	EXTILE				
COMPLETED	17. FATHER'S NAME (First, Middle, Last) DAVID WILLIAM MORGAN 16. MOTHER'S NAME (First, Middle, Meiden Surname) MARY CATHERINE KOONTZ												
BE (DAVID WILLIAM MO	RINE KO											
5	196. INFORMANT'S NAME (Type/Print) 196. MARY ELLEN MORGAN / WIFE 196. MARY ELLEN MORGAN / WIFE 12230 CARLOS ROAD, SW, FROSTBURG, MD 21532 206. METHOD OF DISPOSITION 1 TY Burfel 2 Cremetton 3 Removal from State 206. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place)												
	4 Donation 5 Other (Specify)	G	REEN CEM	ETERY			5/	/9/9	6 LONA	CONI	NG, M	D 21539	
	21. SIGNATURE OF FUNERAL SERVICE LIC	M 1)				S OF FACI		E, P.A				
	-71 brillou	111.XX	vers/						COSTBURG		0 215	32	
	23. PART I. Entar the diseases, or d	omplications that cause	d tha death. Do	not entar t	ha mod	a of dyle	ng, auch	as car	diac or reapir	atory ar	eat,	Approximate	
	IMMEDIATE CAUSE (Final	Liat only ona causa on a	ach lina,									Interval Batween Onset and Death	
	44	DUE TO (OR AS A	LOBSTR	uex 1	UF	4.11	ING I	Die	EARE			Loves	
		DUE TO (OR AS /	CONSEQUENCE O	F):				2/2/	J-32			Joyps.	
Z	Sequentially list conditions,	BLACI	e LUNG	DISE	asi	6						23485.	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):									
2	CAUSE (Disease or Injury	DUE TO (OD AS A	CONSEQUENCE OF			-							
Ē	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):									
E		l											
CAL	PART II. Other algorificant conditions								24s. WAS AN A PERFORA			VERE AUTOPSY FINDINGS	
8	CORONARY ANT	RY DISTEASE	MYOCA	ROIAL	Er	URAR	CLARY	2	1 TYES 2	-		COMPLETION OF CAUSE OF DEATH?	
MEDI	PEPTIC WLEED,	ISENSE							ĺ			YES 2 NO	
ä	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	F DEATH YE	S 🛛 N	0 🗆	UNC	ERTAIN						
정	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT										
PHYSICIAN:	1 TYES 2 NO	1 Inpatient 2 ER/Outp	patient 3 🗆 DOA	OTHER:		5 🗆 Res	sidence 6	Othe	or (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 2	28c. INJU			28d. DE	SCRIBE HOW IN	JURY OC	CURED		
B	1 Netural 5 Pending 2 Accident Investigation			М	1 🗌 Y	ES 2 _	NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— Al home, ferm, s	streel, factor	ry, office				Or Town, State)	d Number	or Rural Roo	ute Number,	
E													
29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as elated. Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner es stated.													
COMPLETED	2 MEDICAL EXAMINER	रै: On the beele of examination	n end/or investigatio	n, in my opi	Inlon, de	ath occur	d at the ti	ime, date	end plece, and	due to th	e ceuse(e)	end menner ee stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	-				29c. LICE	NSE NUME	BER		29d. DAT	E SIGNED (A	Month, Day, Year)	
10 B	HSidl	hu				D26	907			> N	AY S	1996	
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE									+ 4+		
	HARJIT S. SIDHU,	M.D. 925 BI	SHOP WAL	SH RO	AD,	CUMI	BERLA	AND,	MD 215	502			
	31. DATE FILED (Month, Day, Year)	6 Julia districts	atungo dall										



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last,)				2. DATE OF	F DEATH	MEAD	3. TIME OF DEATH
EARL ROBERT	MITTENAX				М	lay 14,	1996	12:30 PM
4. SOCIAL SECURITY NUMBER	7	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			HPLACE (State or Foreign
217-32-6202	1 □XM 2 □ F		MONTHS DAYS	HOURS MIN.	(Month, L	Day, Year)	.933 Coun	MD
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF DI			c. COUNTY OF	DEATH
MEMORIAL HOSP	ITAL		CUMBI	ERLAND			ALLE	GANY
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TV	10c CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY
								LIMITS?
	llegany		ldtown					1 YES 2 XNO
10e. STREET AND NUMBER From Hollow R	oad SE		101	21555		1	USA	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVE			ENDENT OF HISPAI			No- 14. RAC	CE — American Indian,
1 Never Married 2 Married	FORCES? 1 XY	ES 2 NO		ecify Cuban, Maxica 2 XO Specif		cen, etc.)	Spe	ck, White, etc.
3 Widowed 4 Divorced	Vietn		I L TES	2 Ao specif	'y		Spe	white
15. DECEDENT'S ED		16a. DECEDENT'S U	SUAL OCCUPATION	DN	16b. K	IND OF BUSIN	ESS/INDUSTRY	WILLCC
(Specify only highest gree	de completed)	(Give kind of we	ork done during mo	st of working				
Elementary/Secondary (0-12)	College (1-4 or 5+)					TT C	Massins	Cores
12		Reti	rea				Marine	corps
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mic	ddle, Maiden Sui	mame)	
Lester Muli	lenax			Man	rtha O	. (Car	der)	
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural				
21 1 T W 1	2		**-11	Daniel CE	01.44	A	m 215	EE
Gladys I. Mul				Road SE				
1 Deurisi 2 Cremation 3 Re		20b. PLACE AND DATE Of cometery, crematory or oth		ome of	DATE		TION — City or 1	
4 Donation 5 Other (Specify)		Sunset 1	Memorial	Park	05/	17 C	umberla	nd, MD
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	1		D ADDRESS OF FA				
1 James -	7 XICan	WILL.		arpelli 1 mberland			2	
immediate Cause (Final disease or condition resulting in death)	8	rioscleroti		.ovascula	ar Hea	rt Dis	ease	interval Between Onset and Death unknow
	· ·	AS A CONSEQUENCE OF) :					unknow
	. Hypei	clipidemia						UIIKIOW
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE OF	} :					
cause. Entar UNDERLYING								
CAUSE (Disease or Injury that Initiated events	DUE TO (OR /	AS A CONSEQUENCE OF):					
reauiting in death) LAST	4							
PART II. Other aignificant condition		th but not resulting in	n the underlyin	g cause given in	Part i. 2	24a. WAS AN AU PERFORME		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Hypertension						1 YES 2		COMPLETION OF CAUSE
Asthmatic Br	onchitis							DF DEATH?
DID TOBACCO USE CON		OF DEATH VE	CXT NO F	LINICEDIAL				1 YES 2 NO
DID TORACCO USE CON	IKIROLE TO CAOSE			UNCERIAI	иП			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL	26. PLACE OF DEAT						
1 PYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Rasidenca	8 🗆 Other ((Specify)		
27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. TIME		JURY AT	28d. DESC	RIBE HOW INJ	URY OCCURED	
Natural 5 Pending	(Month, Day, Ye	ar) INJI		YES 2 NO				
2 Accident Investigation								
3 Suicida 8 Could not b 4 Homicide datermined	building, atc. (URY — At home, farm, s Specify)	treet, factory, offic	:0		TION (Street and Town, State)	Number or Rura	/ Route Number,
- I Homeway Generalized								
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my k	nowledge, death occurre	d at the time, date	and place, and du	a to the cause	e(s) and manns	er as stated.	
CONTROL OTHY	the basis of axamir							(s) and manner as stated.
			, , , , , , , , , , , , , , , , , , , ,					
295 FIGHATIVE AND TITLE OF CENTIF	HER!			29c. LICENSE NU D0915		2		y 14, 1996
30. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)					
Dr. Paul Snow	; 124 W. Th	ird Street	; Cumber	cland, M	D 215	502		
31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S	SIGNATURE RONSOLL						
MAY 151	220 7							

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

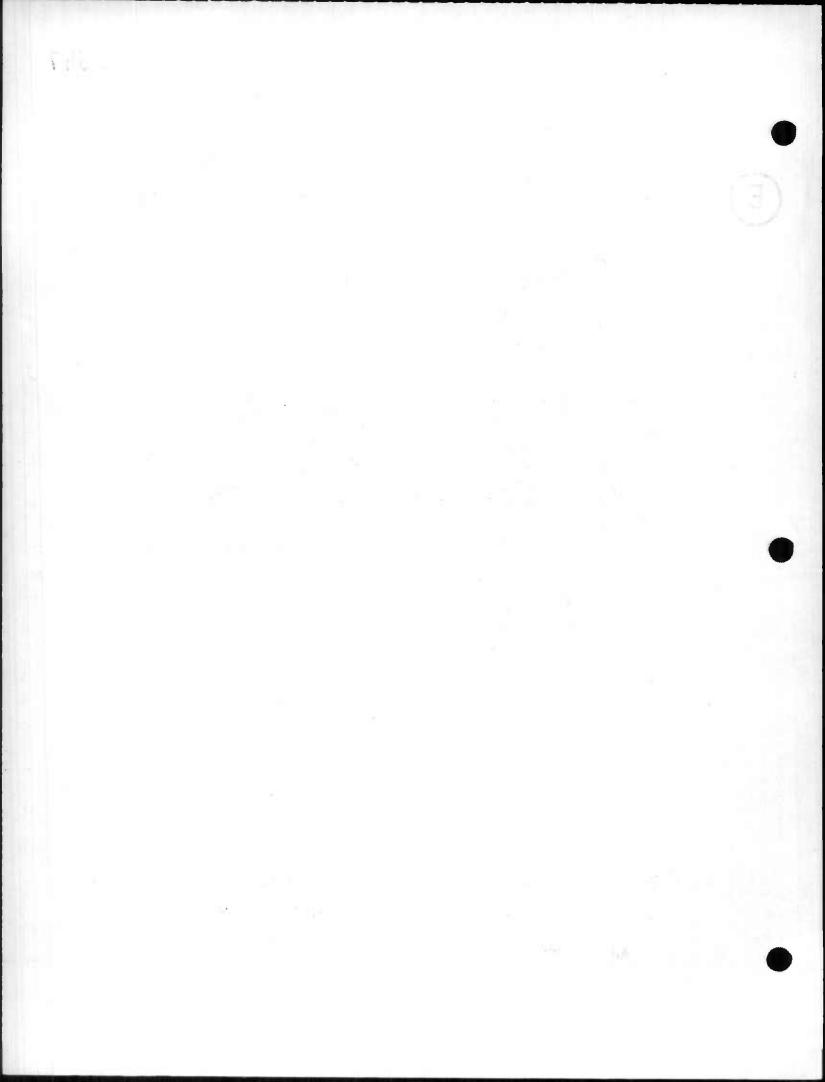
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page tied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



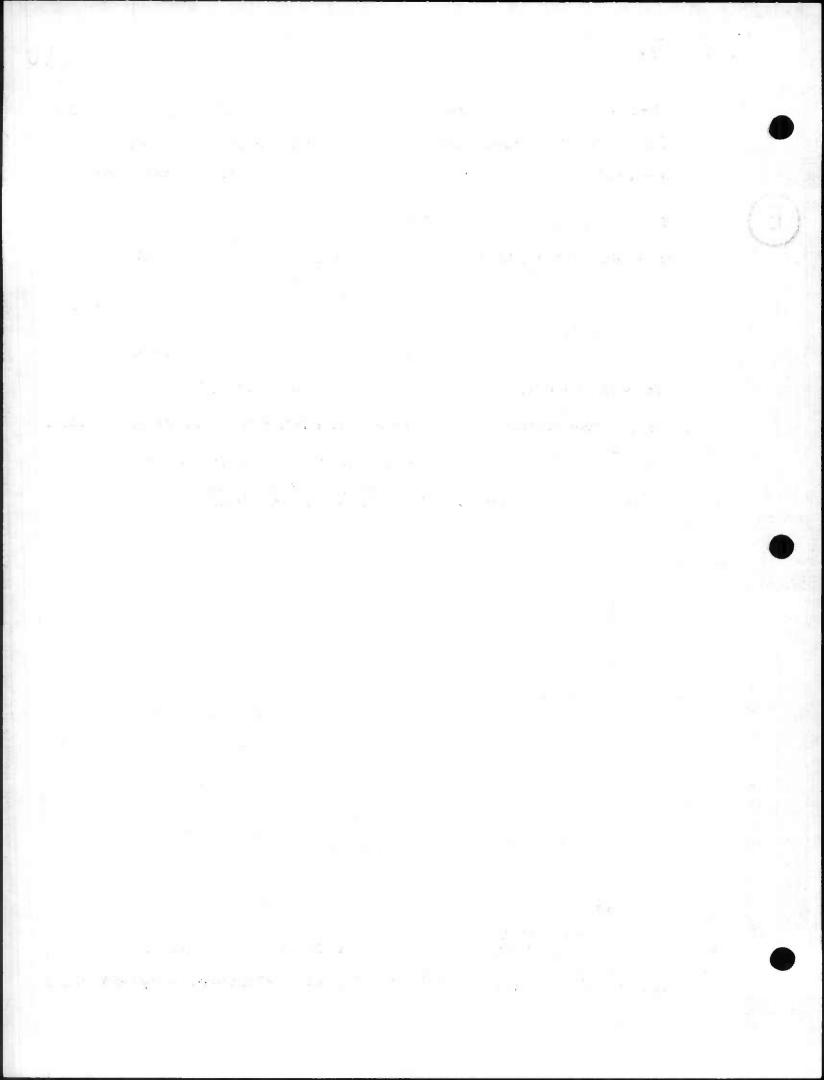
nds State Registrar

31. Data filed (Month, Day, Year)

Javid

MAY 08 1996

32. Registrar's Signatura Jaka Davidson Revolate



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Deeth Yaar **Physician** Month DANIEL THOMAS NIGHTINGALE APRIL 30 1996 1815 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Allegany Sacred Heart Hospital Cumberland | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth | Months | Days | Hours | Min. | March | Zays 5. Social Sacurity Number 6. Sex 1 M 2 □ F 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 90 Yrs. 214-07-3223 Director Maryland Usual Rasidance of Dacedent 10a State 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 Yas 2 No Directo Lonaconing Maryland Allegany 10e. Street and Number 10g. Citizan of Whet Country? 10f. Zip Coda traumetic event, the Medical Examiner must be 21539 United States 31 Jackson St. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ②No if Yas, Giva Yaar or Detes: 14. Rece - Amarican Indian, Biack, Whita, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Nevar Married 2 Married ò Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Specify: þ 3 ☑ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) Unknown Painter Celanese Corp. Manufacturing pemit. Pages 1 and 2 should be filed Department of Health and Mental Hygi Important: If flem 27 is marked other any injury or other traumatic event. I 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Daniel Nightingale Margaret Reese 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 32 Allegany St. Lonaconing, Md. 21539 Jack Nightingale 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Ramoval from State Oak Hill Cemetery 5 - 3 + 96Lonaconing, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Service Licensee 22. Nama and Addrass of Facility
Boal Funeral Home
41 Main St. Lonaconing, Md. 21539 w 23a. Pert1. Entar the diseasa, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Batwee **Physiclan** Immediata Causa (Final disaasa or condition rasulting In daath) Congestive Heart Failure /Medical Examiner Dua to (or es a consequence of): attending physician and for use as the burial-transit that the death certificate be axecuted Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): signed by the all d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Chronic obstructive pulmenay discare Division of Vital Records, à 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Athersclostic Coroners artery discare 2 No 1 ☐ Yas 2 ☐ No Attending Physician: 25. Was cesa referred to medice 26. Place of Death (Check only ona) axaminar? Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: After Natural 5 Pending invastigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun 1 Yas 2 No 2 Accident 3 Suicida 6 Could not be datarminad 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 ☐ Homicida TE Certifying Phyaician: To the best of my knowladga, daath occurred at tha tima, data and place, and dua to tha ceusa(s) and mennar as stated.

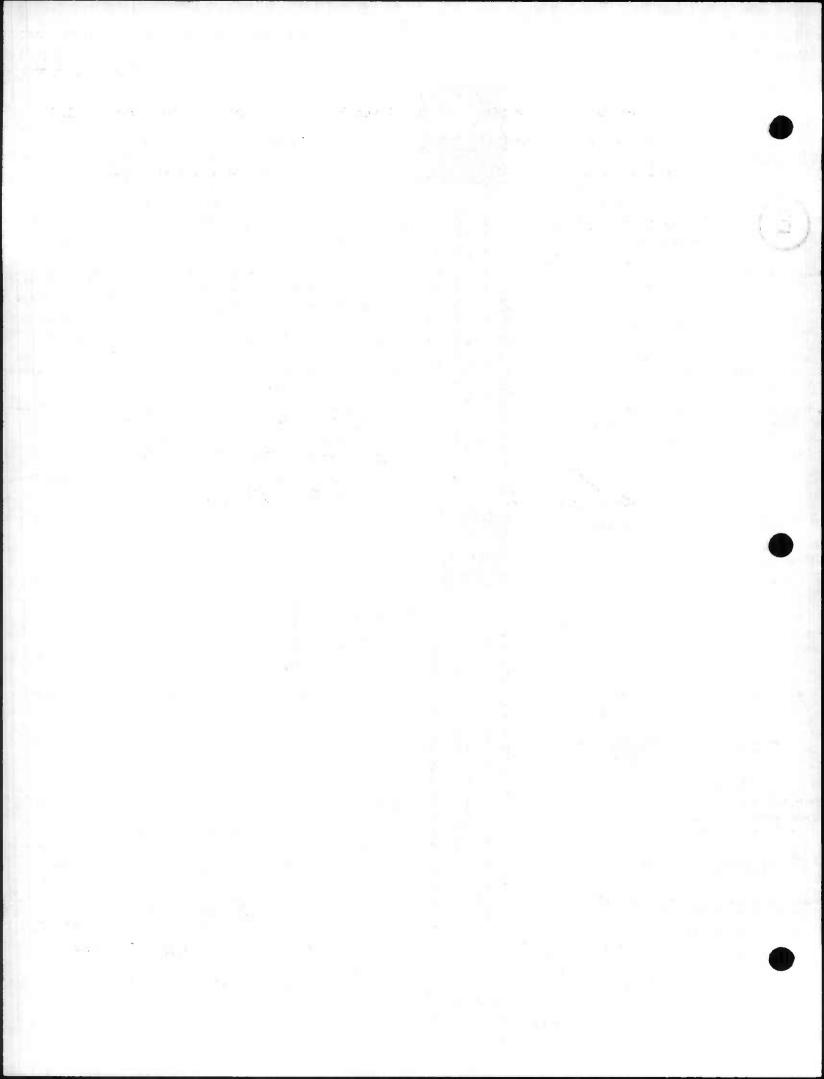
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the tima, date and place, and dua to the causa(s) and mannar statad. 29a. Cartifian Medical 29b. Signature and title of pertifier 29c. License numbar 29d. Dete signed (Month, Day, Year) 021488 1996 30. Nema and addrass of person who completed causa of daath (Itam 23a) (Type, Print)
Thomas T. Devlin M.D., 20 D 20 Douglas Ave., Loraconing, and 21539 1 homas

State Registrar

31. Data filed (Month, Day, Yaar)

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Registrar's Signatura



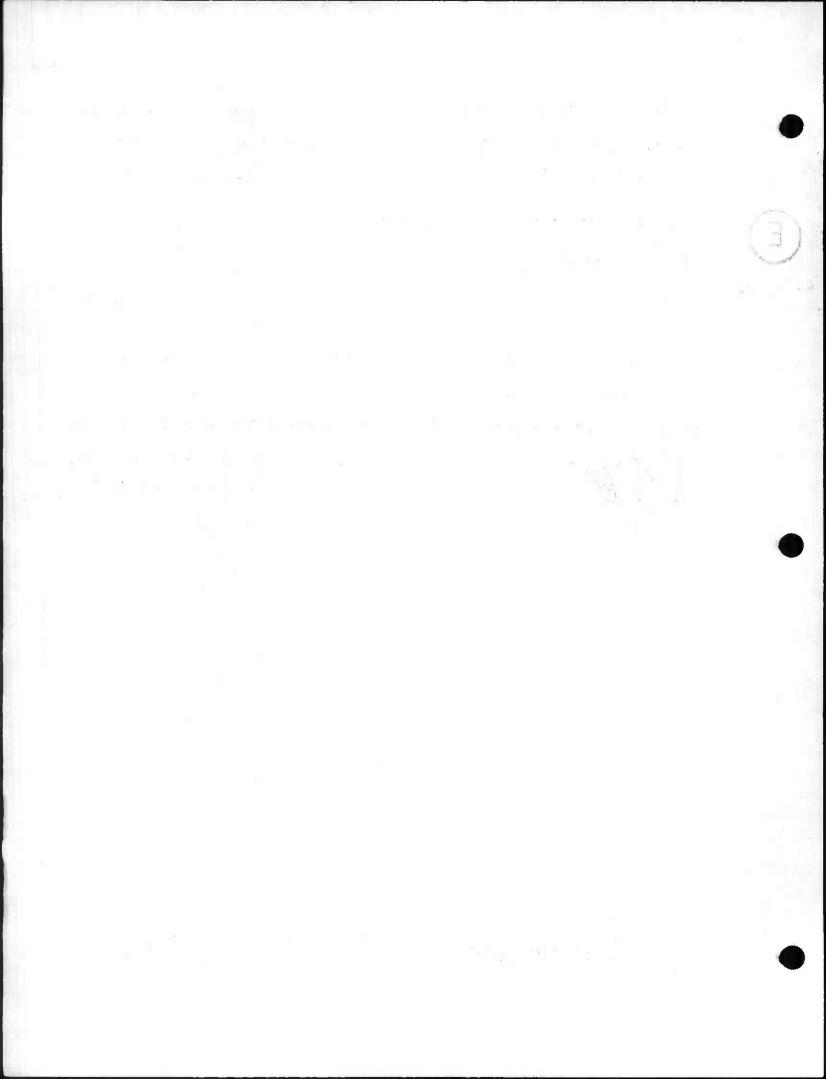
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State of Maryland / Department of Health and Mental Hygiene

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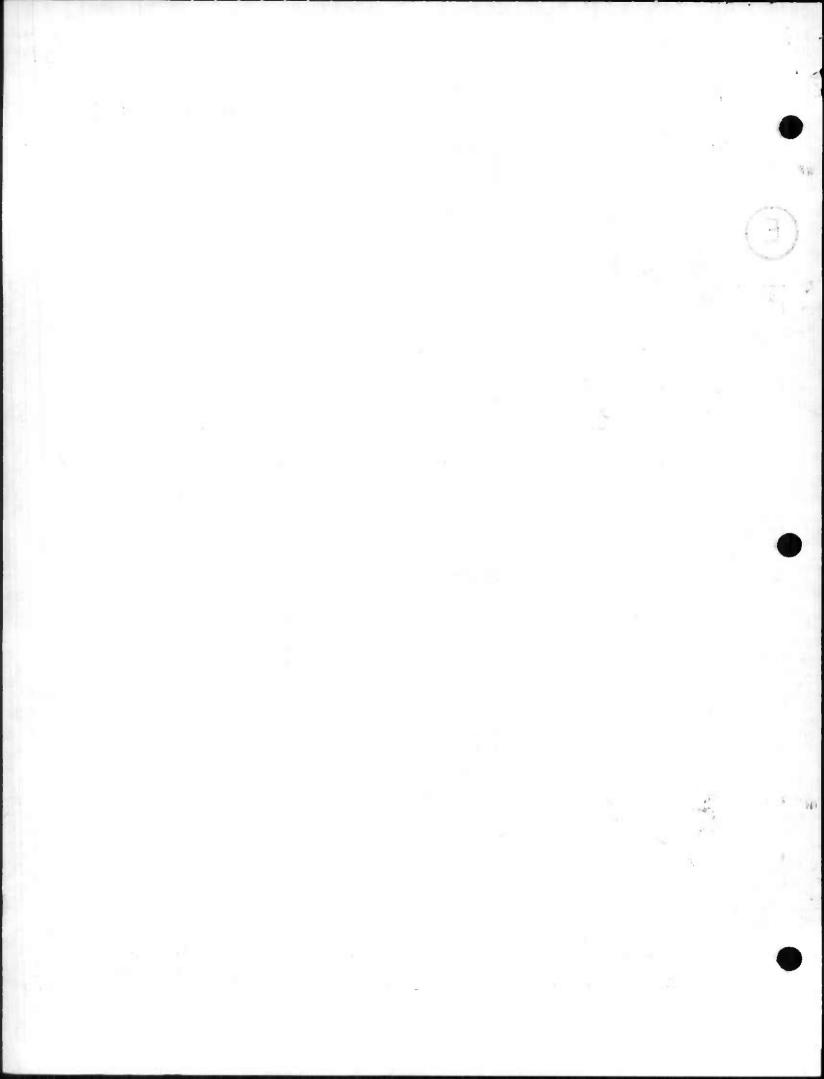
		Cer	tificate of	Death		Reg. No.		
. 7.	Decedent's Neme (First, Middle, Last)				2. Dete of De Month		Vaar	3. Time of Deeth
ician	Joseph Norbert Pohlhaus				Mav	12,1	996	11:30A.N
dical niner	4e. Fecility Neme (If not institution, give street end number)			4b. City, Town, or Lo	-			
mnei	1439 Old Taneytown Rd.		W	estminst	er	Ca	rrol	1
al	5. Social Security Number 6. Sex 7. Age (In yrs.	last birthday)	if Undar 1 Yaar	if Undar 24 Hrs.	8. Data of Bi (Month, D	rth .	9. Birtho	olece (Stete or Foreign
or	219-01-2684 1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yrs.	Months Deys	Hours Min.	3-20-	9 <i>y, Year)</i> 1918		vland
	Usuel Residence of Decedent			1	3 20	1710		y zama
	10e. State 10b. County 10c. Ci	ity, Town or Lo	cation				1	Od. inside City Limits
ģ	Maryland Carroll We	stmins	ster					1 ☐ Yas 2♥ No
Directo	10e. Street and Number		10f. Zip Code			10g. Citizen of 1	What Cour	ntry?
0	1439 Old Taneytown Rd.		211	158		U.S.	Α.	
Funeral	11. Meritel Status 12. Was Decedent Ever in U	J,S. 13. V	Wes Decedent of H	lispanic Origin? (Spe	cify Yas or N			can indian,
Ē	Armed Forcas? 1 □ Never Married 2 □ Married 1 □ Yes 2 □ No If Yes, Give			an, Maxican, Puerto	Rican, etc.)		ck, White,	
Š	3 ☐ Mividowad 4 ☐ Divorcad If Yes, Give Yeer or Detes:	1	1□Yas 2∏XNo	Specify:		Specify	w Whi	ıte
3	15. Decedent's Education	16a. Deced	lent's Usual Occup	pation		16b. Kind of B	usiness/in	dustry
Completed	(Specify only highest grade completed)	(Giva i	kind of work done DO NOT use retire	during most of worki d)	ng			
E	Elementery/Secondary (0-12) College (1-4or 5+)		Farmer			Agric	ulti	are
	17. Father's Neme (First, Middle, Last)			18. Mother's Neme	(First, Middle			
To Be	John Michael Pohlhaus			Agnes	Schue	tte		
Ě	19e. informent's Neme/Raletionship (Type, Print)	19h Mellin	o Addrass (Street	end Number or Rura			State Zin	Code)
	Joan P. Lewis - Daughter					-		,Md.21158
			sition (Name of	ile y cowii	Date	20c. Location		
	1 TRuriel 2 Cremetion 3 Demoved from State	cemetery, cren	netory or other ple					
	1 / / / / /			Sardens	2/12	Finksb	ury,	Mu.
	21. Signature of Furious Signature Licensee		. Neme end Addre	F.		ER FUNE		
	e y war	25	4 East	Main St	reet, V	Vestmin	ster	,Md.2115
Examiner	b		NEU R	DENTE			- (Approximate interval Batween Onsat and Death
	Couse (Disease or injury that initiated events resulting in death) Lest							
Physician	Pert fl. Other eignificant conditions contributing to death but not res	suiting in the ur	nderlying cause giv	van in Part i.	23b. Did	tobacco usa co	ntribute to	o the causs of death?
					1□	Yes 2 No	3 Pro	bably Unknown
D					C4- ***		24h 144	ere eutopsy findings
ere					∠ea. we peri	s an autopsy ormed?	av	rellable prior to empletion of cause
į						~	of	desth?
Completed					10	Yes Divo	1[Yes No
Be	25. Wes case referred to medical exeminer?			26. Place of Deet	(Check only	ona)		
2	Hospitei	ER/Outpatien	t 3 DOA	her: 4 Nursing Ho	me Res	idence 6 □Oth	er (Specif	(y)
	27. Manner of Deeth 28a. Dete of Injury 1 Deleture 5 Pending (Month. Dey Year)	28b. Time of injury	28c. inju Wo	ry at	28d. Describe	how injury occur	red	
1	2 Accident investigation	,,		Yes 2 No				
Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Plece of injury - At h building, etc. (Specific Could not be determined 28e. Plece of injury - At h building, etc. (Specific Could not be determined 28e. Plece of injury - At h building, etc. (Specific Could not be determined 28e. Plece of injury - At h building, etc. (Specific Could not be determined 28e.)	ome, ferm, stre	eet, factory, office		28f. Location	(Street end Numb	ber or Rura	al Route Number,
و	Sunding, etc. (Space	-77			2.1y 01 10	,,		
<u>a</u>	29a. Certifier 11 Sertifying Physician: To the best of my know (Check only 2 Medical Examiner: On the basis of examiner							
edical	(Check only one) 2	etion end/or inv	restigetion, in my o	opinion, death occurr	ed at the time	date end place,	and due to	o the cause(s)
Σ	29b. Signature end till of certifier		29c. Licent	number		29d. Date signe	d (Month,	Day, Year)
	John Hanks		11/35	372		5/14	196	,
	30. Neme end eddre is of person who completed cause of death (iter	m 23a) (Type I	Print)	7		111	-14	
	The state of the s	/ (-)	,			70	10.	
ate	31. Dete filed (Month, Dey, Year) 32. Degistrar's Signal	ature _						
ar ar	31. Dete filed (Month, Dey, Year) MAY 1 4 1996 32. Degistrar's Signa	workerdo	Щ					



State Registrar

31. Date filed (Month, Day, Year) MAY 1 4 1996

TO CHITRACHEDU 32. Registrans Signature



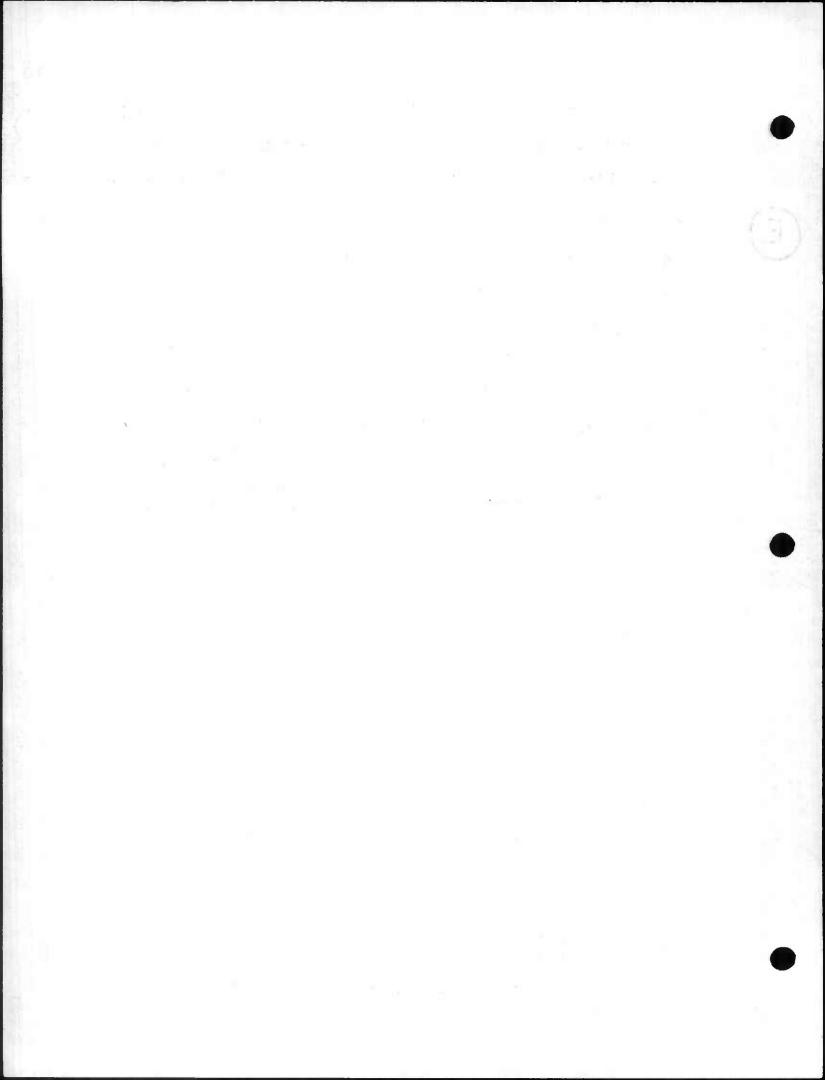
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			Certificate of Death Reg. No.												
	Dhysia	ian	1. Decedant's Name (First, Middle, Last)	3 7-	Dungha			2. Dete of Da Month		Yaar	3. Tima of Death				
	Physic /Medi		-	Clyde	Procto	r		May 1	1,1996		12:50PM				
7	Exami	ner	4a. Facility Nama (If not Institution, giva si Southern Maryland				4b. City, Town, or L Clinton	ocation of Deat	4c. County Princ	of Death CE GEC	orge's				
1	Funeral Director		5. Social Sacurity Number 6. Sax 220–74–7786 Usual Rasidance of Decedant	7. Age (In yr 37	rs. last birthday) Yrs.	If Under 1 Year Months Days		8. Dete of Bir (Month, Da July 7	y, Year)	9. Birthpla Countr Mary	ce (State or Foreign y) Land				
	Aland Mand		10e. Stete 10b. County	10c. (City, Town or Lo	cation				100	d. Inside City Llmits				
_	28a-1 sho	ctor	Maryland Prince Geo	orge's	Suitla	nd					1 ☐ Yas 2 🛣 No				
F	1 2 2	Director	10e. Street and Number			10f. Zip Coda			10g. Citizen of \	What Countr	y?				
_	1 21	rai	6711 Larches Cou			20746				U.S.A					
050	outs after di mit, or hem Examiner n	by Funeral	11. Maritel Status 1 ☑ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	2. Was Decedent Ever In Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas:	'	Nes Decedant of f Yes, specify Cul	Hispenic Origin? (Sp ban, Mexican, Puerto Specify:	pecify Yas or No p Rican, etc.)	cify Yas or No- Rican, etc.) 14. Rece - American Black, Whita, at Specify: Black						
5.0	72 hc natur dical	eted	15. Decedent's Educa (Specify only highast grada	ation complated)	(Giva	iant's Usual Occu	a during most of work	king	16b. Kind of Bi	usinass/Indu	Base				
21215-002	within then the Me	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	lifa. I	oo not usa retire stodian	ed)	Andrews Air							
	be fied tal Hygid d other event, ii	Be Co	17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumama)												
/an		To B	James G. Procto												
Man	Mary od 2 sho oth and of the mary		19a. Informent's Name/Ralationship (Typ	Stata, Zip C											
			Cheryl A. Garner		. Place of Dispo		r Fowl Way				ryland 20				
Baltimore,	nt of m		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ra	moval from Stata	cematary, cren	natory or other pl		Data	20c. Location -						
튵	arime ortant Injury		4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licansee		e Crema		May 15, 1		Clinto		yranu				
Ba	E de la partir del		HC 4-1		1		Alexandr:				Md 20735				
e	Dhusisian		23a. Pent1. Enter the disease, or complic shock, or heart fallura. List only one	ations thet caused tha da causa on each line.							Approximete Interval Between				
٩	Physician /Medical Examiner		23a. PentT. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory errest, Shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Deeth Sissesse or condition asulting in death) Approximate Interval Between Onset and Deeth Approxima												
	الأحلا	ner		HIVar	(or es a conseq	uance or):				1					
	icate be executed physician and s the burial-transit	Examiner	Sequantially list conditions,	Dua to	(or as a conseq	uance of):	0 ,								
60,	be extician a		Sequantially list conditions, if eny, leading to immadieta cause. Enter Undarlying Ceuse (Disasse or Injury that initieted evants	Ossem.	nate	of H-2	2 augo	CC							
Box 68760,	E 0 6	n/Medical	that initieted evants resulting in death) Last	Autle	Can L	uance of):	ndu	h.							
	death ne atte ed for	Physician/	Part II. Other algrificant conditions conti	lbuting to daath but not re	asulting In tha u	ndarlying causa g	iven in Part I.	23b. Did	tobacco use co	ntribute to t	the cause of death?				
s, P.O	ires that the death cen signed by the attendin d be detached for use	by Phy	Jago fon	20154na	elm	e with		10	Yes 2□No	3 Probe	ably 42 Unknown				
of Vital Records,	aw require as been si 2 should	Completed	- Bendone	ents. En	Lew	wik.		24a. Was perfo	en autopsy ormed?	com	e autopsy findings labla prior to pletion of cause seth?				
Œ.	The late has page	Com	HAROKE	sleng				10	Yes 2 No	10	Yas 2□ No				
Vita	ilclan: The lav certificate has irector, page 2	Be	25. Was cesa refarred to medical axaminer?	an hat			26. Placa of Dea	th (Check only o	ona)						
n of	iting Physician: The I h. After this certificate ha funeral director, page	on: To	1 Yes 2 No Post	28a. Data of Injury (Month, Day Year)	ER/Outpatien 28b. Tima of Injury	t 3□ DOA DOA 28c. Inju	ther: 4 Nursing Houry at		dance 8 Oth						
Siol	the fu	catic	2 Accidant invastigation		,,		Yes 2□No								
Divi	or Attendent death of the death	Certification:	3 Sulcida 6 Could not be determined 28e. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28e. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Routa No. 1) 28f. Location (Street end Number or Rural Routa No. 1)												
	To the Hospital within 24 hours a To the Funeral Completely filled	edical	29a. Cartifier 15 Certifying Physic (Check only one) 15 Certifying Physic 2 Medical Examine	cian: To the best of my kr r: On the basis of axamir end manner stated.	nowladga, daath nati <i>on</i> and/or inv	occurred at tha t astigation, in my	ima, date and place, opinion, daath occur	and dua to tha red et the time,	causa(s) and ma dete end place,	nner es sta and dua lo t	ted. he cause(s)				
	To T Com	Σ	29b. Signatura and titla of certifiar	~: AL		29c. Licen	nsa nu <i>m</i> bar		29d. Deta aigne	96	ay, Year)				
			30. Nama and addrass of person who com ASMLHASAN O Ar	iplated causa of death (Its	a <i>m</i> 23a) (Type, I	Print) 50	126 WOO	dyan wit.	20735	# 10)				

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

					Marylan	-	rtment of tificate of	Death	Mental Hy	/giene Reg. No.	96	15553
Physi /Me		Decedent's Name (First, VI	Middla, Las RGINI.		GERARI	DINE	PRIC	HARD	2. Data of D Month May	Day	Yaar 96	3. Time of Death 4:10 A.M.
Exan		4a. Facility Nema (If not ins	- 11117-111		ber)			4b. City, Town, or	Location of Dee			
		Memorial F 5. Social Security Number	ospit 6.Se		. Age (In yrs.	lest hirthday)	If Under 1 Year	Cumber 1			gany	ca (State or Foreign
Funera Directo		212-38-7684	10	ДМ 2 5 ДГ	91	Yrs.	Months Deys		(Month D	ey, Year) 26, 1904	Country West	Ca (State or Foreign
- Bu		Usuai Rasidance of Daceda 10a. Stata 10b. C			10c. City	y, Town or Loc	ation				100	d. fnsida City Limits
	to	Maryland Al	legar	vy	6	a Val	0					1 ☐ Yas 2 No
C # 25	Sire	10e. Street end Number		*			10f. Zip Coda			10g. Citizan of V	Vhat Country	y?
- 1 m	100	120 Park	Ave				215			45.		
020 High William July July and Starming 230 or 28-1 sho	by Funeral Director	11. Maritel Stetus 1 ☑ Nevar Merried 2 ☐ 3 ☐ Widowed 4 ☐ Div		12. Wes Deced Armed Ford 1 Tas 2 If Yas, Giva Yeer or Det	as? No	ii.	Vas Dacedent of Yas, specify Cul ☐ Yas 2万 No	Hispanic Orlgin? (Span, Mexican, Puar Specify:	Specify Yas or Note 1	o- 14. Rec Blac Specify	a - American ck, Whita, at	c.
5-0020 72 hours att netural, or sical Exam	fe	15. De (Specify only	edant's Edu			16a. Deced	ent's Usual Occu	pation	diaa	ısiness/Indu	stry	
within sens.	Be Completed	Elementery/Secondery (0		Collaga (1-	lor 5+)		ool Te	a during most of wo	rking	catio	N	
and 21; be filed with stal Hygiens of other than event, the	ပိ	17. Fethar's Name (First, M	iddle, Last)	5 7	18. Mothar's Na	ma (First, Middle	,,					
	ToB	Edward	T.	Pritch	ard				Nia l			
re, Marylia a 1 and 2 should t Heath and Mer tem 27 is merks other traumstic		19a. Informant's Name/Rai			,			and Number or R	,			(oda)
e, Ma 1 and 2 Heath a em 27 is		Orpha-Bon 20a. Mathod of Disposition	11Ta I	Pritch	20b. P	120 I	ank F	lve, Lal	C Data	20c Location -	City or Tow	m Stata
Pages ant of the Will he		1 ☑ Bunal 2 ☐ Crame 4 ☐ Donation 5 ☐ Oti			ata Hi	ematary, cram	Buring	ace) I Park	8-96	Cumala	n land	d md.
Baltimore, Noemil. Pages 1 and Department of Health Important: If New 27 any Injury or other to		21. Signatura of Funeral Se			1776	22.	Nama and Addr	ess of Facility	D	COM BP	41000	Avenue
0 88ES		23a. Part1. Entar tha disease shock or heart fallura	st a	, Riley	M.	6	asure-	STRIN, +	10cyla	ud 21	502	77 00 1040
Physician /Medica Examine	l r	shock, or heert fellura Immediata Causa (Final disaasa or condition rasulting in daath)	. List Orly O	a. Coron	ary Ar		isease				1 1	Approximate ntarval Between Onsat and Death
led led	nine			b								
58760, icete be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, laading to immediate ceuse. Entar Undarlying Cause (Disaasa or injury			Dua to (or	ras a c <i>on</i> saqı	uance of):				ļ	
x 68760, entificete be exting physician are as the burial.		Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of):										
Box auth cert attendin for use	clan			u							1	
IS, P.O. BOX 6 es that the death certific igned by the attending to be detached for use as	Physician/Me	Pert ii. Other significant co Hypercarbic					darlying ceusa g	iven in Part I.		Yes 2.2(No		the cause of death?
Records, ne lew requires the has been signed go 2 should be constituted.	Completed by								24e. Wa	s en autopsy ormed?	com	a autopsy findings labla prior to pletion of cause eath?
I Re lew te has page 2	mo								10	Yas 20 No	10	Yas 2□ No
f Vital Roysician: The is certificate he director, page	Be	25. Was cesa rafarred to m axaminar?							ath (Check only	ona)	1	
Of \Physical Of rall dire	To	1 Yas 2 No				ER/Outpatient	3LI DON			idance 6 Oth		
८ ₽ ₹ ₹	Certification:									how injury occur		Route Number,
Divisio To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu	edical Cert	(Check only 2 Ma		sician: To tha b		wledge, death		ima, data end place	e, and dua to the			
thin 2, the F	Medi											
		D 33280							29d. Data signed (Month, Day, Year)			
Ukc.		30. Nama and address of person who complated ceuse of deeth (Itam 23a) (Type, Print)									Þ	
WRC.		Sunil Gupta,	M.D.,					Md. 2	1502			
S	tate	31. Data filed (Month, Day,	AY O	19932 Res	nistrar's Signa	tura:	rdall					



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State of Maryland / Department of Health and Mental Hygiene

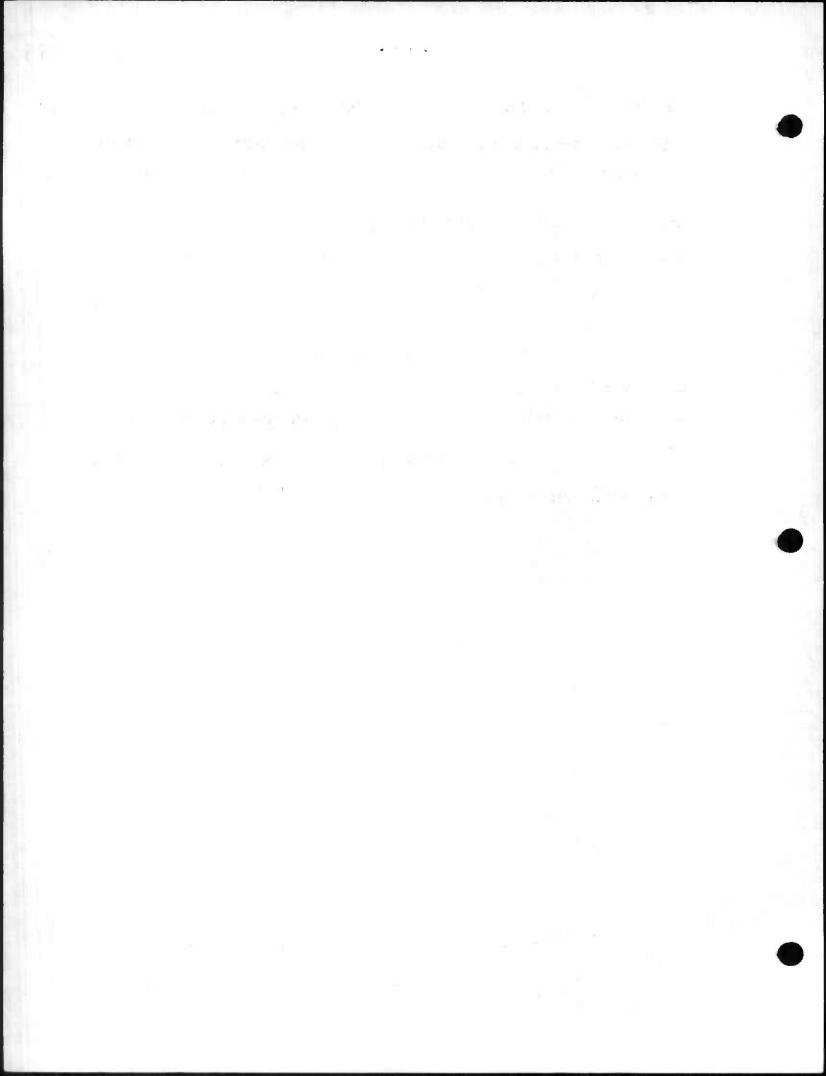
15554

		Certificate of Death Reg. No.									. 000		
	1. Decedent's Neme (First, Middle, Last)							2. Dete of Deeth Month Dey Year 3. Time of Deeth					
sician ledical		L1ov	d E.		Per	kins	Sr.	May 9	,1996	Year	10:00 ar		
iedicai iminer	4a. Fecility Neme (If not institution,							cation of Deel		y of Deeth			
	Memorial Hospi	ital & Med	ical C	enter		C ₁	umber.	Land	[A	lega	ny		
ral			Age (In yrs. le		If Under 1 Yee		er 24 Hrs.	8. Dete of Bi (Month, D	rth .	9. Birth	piece (State or Foreig		
tor	217-10-5037 183M 2□F 78			Yrs.	Yrs. Months Deys Hours Min. (Mo				of Birth 9. Birthpiece (State or Foreign Country) ember 11,1917 Maryland				
	Usuel Residence of Decedent					1		30 p 30111	201 ///-	7/-1	7 2002		
ahow adat	10a. State 10b. County		10c. City,	Town or Loc	ation						10d. fnslde City Limit		
to	Maryland All	legany		Frost	burg						1 ☐ Yes 2 📶 N		
or lisens 23s or 28s-1 s uniner must be notified ? Funeral Director	10e. Street and Number		10f. Zip Code					10g. Citizen of What Country?					
	19309 Old Dans	S.W.	.W. 21532					U.S.A.					
	11. Meritel Stetus	12. Wes Decede	nt Ever in U.S					cify Yes or N	fy Yes or No- 14. Race - American Indian,				
	1 Never Merried 2 Merried	Armed Forces? Merried 1 ☑ Yes 2 ☐ No If Yes, Give						erto Ricen, etc.)		Bleck, White, etc.			
ò	3 ☐ Widowed 4 ☐ Divorced	s: 1945	1 ☐ Yes 2 No Specify:					Specify: White					
8	15. Decedent's	Education	1/4/	16a. Decede	ent's Usuel Occu	petion			16b. Kind of B	usiness/In	dustry		
Completed	(Specify only highest	(Specify only highest grade completed)		(Give kind of work done during most of working life. DO NOT use retired)				7					
E	Elemantary/Secondary (0-12) College (1-4or 5+)			Spinning Dept.				Textiles			les		
	17. Fether's Neme (First, Middle, La	est)				18. Mott	her's Name	(First, Middle	, Meiden Sumai	ne)			
To Be	Joseph	Perkin						Humbertson					
F	19e. Informent's Neme/Reletionship		10111111		Address (Street			l Route Numi	er, City or Town				
		Wife									,Md. 2153		
	Joy Perkins /	MITE	20b Ple		ition (Name of	d,115 1t	OCK II	Dete Dete	20c. Location				
	1 Buriel 2 ☐ Cremetion 3	Removel from Ste	COL	netery, crem	etory or other pl	ace)	Mot				Maryland		
	4 Donetion 5 Other (Spe		FCK		emetery			10, 17) DOM	10109	- 101 J		
	21. Signeture of Funeral Service Lic	censee	/		Name end Addi		Dul		neral Ho				
	John K	Huns		57	7 Frost	Avenu	e Fro	stburg	, Maryl	and 2	21532		
	23a. P. 1. Enter the diseese, or co	omplications that caus	sed the deeth.	Do not ente	r the mode of dy	ring, such e	s cardiac o	r respiretory	errest,		Approximete Interval Between		
	, , , , , , , , , , , , , , , , , , , ,	, 55 54455 511 555	Timo.							1	Onset and Deeth		
	Immediate Cause (Fine) disease or condition Ruptured Abdominal Aortic Angurysm								1	12 Days			
	disease or condition rasulting in death) Ruptured Abdominal Aortic Aneurysm Dua to (or es e consequence of):												
ne													
Examiner	Sequentially list conditions. Due to (or es a consequence of):												
	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or es a consequence of): Due to (or es a consequence of):												
Medical	Cause (Disease or Injury that inflated events as Due to (or es e consequence of);												
8	resulting in death) Lest												
3		d											
Physician	Port II Other elgolificant conditions	a contributing to death	but not mould	ing to the con-	dadidas acusa s	i an In Dad	N.1	Ook Did	Ashanaa waa aa	maniferrate A	a the same of death		
S/r	Pert II. Other significant conditions contributing to death but not resulting in the				denying cause g	23b. Dfd tobacco use contribute							
	Renal Failure							10	Yes 210 No	3 LI Pro	bably 4 Unknow		
d by							240 Wes	en eutopsy	24h. W	ere eutopsy findings			
Completed	performed?						av	reilable prior to empletion of cause					
E E								1	of	death?			
								1 🗆	Yes 20 No	1[Yes 2 No		
Be	25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one)												
tion: To Be (1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)										fy)		
	27. Menger of Deeth 1 Death 28a. Dete of fnjury 28b. Time of 28c. Injury et 28d. Describe how injury occurred 28d. Describe how												
cati	2 Accident investigation M 1 Yes 2 No												
Medical Certification:	3 Sulcide 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)												
ပိ	29a. Certifier (Check only Medical Examiner: On the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and mannar as stated.												
	(Uneck only 9) I Madical Ev	(Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.											
edical		29b. Signature and title of certifier				29c. License number				29d. Dete signed (Month, Day, Year)			
	one)	1 .		D 17456					5/13/9(
edical	one)	Schrol	^		D	17456			5/13/	196			
edical	29b. Signature and title of Certifier	School on complated cause of	f death (Item 5	23a) (Tuna P		17456			5/13/	196			
edical	29b. Signature and tale of Certifier 30. Name and address of person wh				rint)		1 -Cum	nerlan	5/13/	79 (
edical	29b. Signature and title of Certifier	nroeder-4t		r-Memo	rint)		1-Cumb	perlan	5//3/ d, MD 2	21502			

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 | 15555

						Cer	tificate	of L	Death		F	Reg. No.			
	Dharais	·	1. Decedent's Name (First, Middl	e, Last)			() (2. Dete of Dec		Yeer	3. Time of E	
	Physic /Medi		Chester	Daniel			K	a	Ston	Jr.	Month	5	1996	08	40
)	Exami		4a. Facility Neme (If not institution	n, giva street and number)				41	b. City, To	wn, or Loc	cation of Death	4c. Co	unty of Deeth		
			PENINSULA REC				W. 1			LISBU			WICOMI		
	Funeral Director		5. Sociel Security Number 020–34–6367	6. Sex 7. Age 1 X M 2 □ F	(In yrs. lesi	Yrs.	If Under 1 \ Months D	Days	If Under: Hours	Min.	8. Date of Birt (Month, De) 12/2/	, Year) 1946		place (State or ntry) ichuseti	
	pue *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, T	own or Loc	cation						1	10d. Inside City	v Limits
	Maryl 4 sho	ō	Maryland Hono	anton										1 □ Yas	2.0
	28e	Director	Maryland Worce 10e. Street end Number	ester	Pocon	ioke (10f. Zip Co	ode				10g. Citizen	of Whet Cour	ntry?	
	3a of		1727 New Bridge	e Road				21	851			USA			
	deatl	Funeral	11. Marltai Status	12. Was Dacedant E Armed Forces?	Evar In U,S.	13. V	Ves Deceden			gin? (Spe	cify Yas or No- Ricen, etc.)		Race - Americ		
21215-0020	filed within 72 hours after death with the Maryland Hygiene. Ther than "natural", or ferms 23s or 28s-f show ent, the Medical Examine must be nettified at	by	1 ☐ Never Merried 2 🖔 Marr 3 ☐ Widowed 4 ☐ Divorced	led 1 ☐ Yas 2 ☐ X	lo		Yes 20			, Pueno r	ricen, etc.)		Black, White, ^{ecify:} Whi		
5-0	d within 72 hours jiene. r than "natural", the Medical Exa	Completed	15. Deceden	t's Education st grade completed)	1	6e. Deced	ent's Usuel C	occupa	ition	of workin	00	16b. Kind o	of Business/In	dustry	
121	ithin No.	hope	Elementary/Secondery (0-12)	College (1-4or 5	+)	life. D	O NOT use i	retired))	O BOINS	·9				
	e filed withir al Hygiene. other then vent, the W	င်	12	2		Hot	el Ins					101012			
and	2 2 2	Be	17. Fether's Nema (First, Middla,								(First, Middle,	Melden Sur	nema)		
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, Maryland	d2 s		Denise Ralston		1	727 N	lew Bri	idge			Route Numbe				
Baltimore,	Solo		20e. Method of Disposition 1X Burial 2 ☐ Cremetion	3 DRemovel from State	20b. Plec	e of Dispos atary, crem	sition (Neme letory or othe	of or plece	в)		Dete	20c. Locati	on - City or To	own, Stata	
Eim	Pa Int:		4 □ Donetion 5 □ Other (S		East	lawn	Cemete	ery		5/	9/1996v	/illia	mstown	, Mass.	•
Sall	permit. Pag Department Important: It any Injury o		21. Signetura of Funeral Service	Licensee		22. Me	Name end A	ddres	s of Fecilit	y Home					
ш	205 # Q		Scott a.	Melson							City,	Md.	21851		
			23e. Pert1. Entar the disease, of shock, or haert fellure. List	complications that caused only one cause on each lin	the death. I	Do not ente	r the mode o	f dying	g, such es	cardlec or	respiretory er	rest,		Approximete intervei Between	een
	Physician		and the second second										į	Onset end De	eath
r	/Medical Examiner		Immediete Cause (Final disaase or condition resulting in deeth)	e. Jepti									-	74 hos	u
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	nsit	듵		b. Aspir	-4-0-	0	rcuno	ni.	X: 5				6	24 Kon	41
,	icate be executed physician and s the buriel-transit	Examine	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury								. ,		1	10 1	
68760,	e be rsicia	edical	thet initieted events	c. Chem	Jue to lor ee	G 77	- In sh	100	0	Ne	atro	en ic	-	T day	15
x 68	requires that the death certificate be executed seen signed by the attending physician and hould be detected for use as the bunel-transit	Medi	resulting in death) Lest	d. 0.7 fc	150 01 43	Larg	e Ce	11	hy	~~	Long			4 mon	the s
Bo	eath ce attendi	lan		d									1		
	that the death hed by the atter deteched for u	Physician/	Part ii. Other significant condition	ns contributing to death bu	t not rasultin	g in the un	derlying ceus	se give	n in Part i.		23b. Did t	obacco uae	contribute to	o the cause of	death?
P.0	that the ned by detect										101	fes 2□ N	lo 3□Pro	bably 450	nknown
Records,	signe d be	d by		-							040 1440-		24b W	ere autopsy fin	adinac
Š	requir been s should	ete									24a. Was perfo	med?	SV	allable prior to impletion of cei	
Rec	has has	Completed										-		death?	
<u>a</u>	iclen: The la certificate ha rector, page		OP MA								1 🗆 Y	es 2,MN	0 1[□Yas 2XN	10
Vital		o Be	25. Was casa referred to medical examiner? 1 ☐ Yes 2 ☐ No	Hospital:			-C 201	Othe	Mr.		(Check only o				
ō	Phys r this aral d	 -	27. Mennar of Death	1 Shipatler 28e. Dete of injur	y 28	Outpatient b. Time of		injury Work	4 LI NU		na 5 □ Rasio 8d. Describe h			γ)	
ion	Attending Ph or death. ector: After th by the funeral	ation	1) ☑ Naturel 5 ☐ Pendin 2 ☐ Accident investig		Year)	Injury	м		? /es 2 □ !	No					
Division	il or Attending P after death. Director: After t In by the funer	Certification:	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homlcide determ	ined 286. Piece of Inju	ry - At home	, ferm, stre	at, fectory, of	ffice		2			umber or Run	n/ Routa Numbe	er,
ō	s after s afte	Cert	4 D Nomicide	building, efc	. (Зреспу)					ŧ	City or Ton	ri, State)			
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier 1 Certifyin (Check only one)	g Physician: To the best of Examiner: On the basis of end manner ste	examination	dge, deeth end/or inve	occurred et ti estigation, in	he time my op	e, dete and Inion, deet	d piece, a th occurre	nd due to the d d et the time, d	euse(s) end late end ple	d menner es s ce, end due te	teted. the ceuse(s)	
	To th within Fo th comp	Me	29b. Signature and title of certifier				29c. Li	icense	number			29d. Date si	gned (Month,	Dey, Yeer)	
		5	1	- /w-	M.S	2.	K	73	069	0		Man	5-,	1996	
		2	30. Name and address of person	what completed ceuse of de	eth (Item 23	e) (Type, F							/		
			Jones E. A	der Kla, M.					-011	51.	, 501.	3 300	7 /	UD.	
	Sta	te	31. Date filed (Month, Day, Year) MAY 0 9	1996 32. Begistre	r's Signature							-	1	-	
	Registr	ar	MAT U 9	1990 Stra a	Yandro	March	U,								



Pages 1, 2, 3 should notified at once. pe must examiner medical 5 the other traumatic event, crem burial, 6 shows any injury, Dept. Hem -0 the marked, with death after de TO THE HOSPITAL OR ATT TO THE FUNERAL OIRECTE DE filed within 72 hours at IMPORTANT: If Item 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Floyd Runyon May 10
7. DATE OF BIRTH (Month, Day, Year) 2:05 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 235-52-5985 1 🔯 M 2 🗌 F YRS. 61 March 18, 1935 W 9e, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH 96 Murray Road DIRECTOR E1kton Ceci1 RESIDENCE OF DECEDENT toc. CITY, TOWN OR LOCATION 10e STATE 10b. COUNTY 10d. INSIDE CITY Maryland Ceci1 E1kton t TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 96 Murray Road 21921 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14, RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merried 1 TYES 2 TO NO Specify: White Specify. В 3 Widowed 4 Divorced Korean ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondery (0-12) College (t-4 or 5+) Material Handler COMPL Chrysler Corp. 12 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Delmas Runyon Anna Curry 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nancy L. Runyon 96 Murray Rd., Elkton, Md. 21921 20e. METHOD OF DISPOSITION

1X Buriel 2 Cremetion 3 Removal from State
4 Donetion 8 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Union Cemetery 5/14/96 Union, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 259 E. Main Street, Gee Funeral Home Echvara Elkton, Md. 21921 Chlown 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OF AS A CONSEQUENCE OF): 3 years reaulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s WAS AN AUTOPSY 245. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 💆 NO 🗌 UNCERTAIN 🗆 PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER:
4 □ Nursing Home 5 Residence 6 □ Other (Specify) 1 YES 20 NO 1 - Inpatient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY Natural Accident 5 Pending М 1 YES 2 NO В Investigation 28e. PLACE OF INJURY — At home, ferm, street, lectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide COMPLET 29e. CERTIFIER 1 Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 2 MEDICAL EXAMINER: On the besie of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF PERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

12+1VA

9

Jarkas

Henry Farkas.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAPS SIGNATURE

M.D.

May/10/199

Elkton.

D15314

Northern Chesapeake Hospice, 239 S. Bridge St.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					C	ertificate o	f Death	Re	g. No.			
			1. Decedent's Neme (First, Middle, Last,)				2. Dete of Deeth	1	N.C.A	3. Time of Dee	ith
	Physic		Michael Timoth	v Runvons. IT				Month May]	L1 19	Year 96	0400 A	
	/Medi Examir		4a. Fecility Neme (If not institution, give				4b. City, Town, or l	1	4c. County	of Deeth		
	Funeral Director		RT 273 1 mile we 5. Sociel Security Number 6. Sec 217-04-4187		lest birthda Yrs.	y) If Under 1 Yea Months Dey		8. Dete of Birth (Month, Dey, August 8	Ceci (Year) 3,1978	9. Birthple Countr	ca (Stete or For y) aware	reign
	2 .		Usuel Residence of Decedent 10a, State 10b, County	100 01	Town or	Lacation				140	11-11-05-11	
-	Set sho	Director	10a. State 10b. County Maryland Cecil		y. Town or Elkto:					100	d. Inside City Li	
1	ZS ZS WITH IN	al Dire	10a. Street and Number 38 Loveland Drive	e		10f. Zlp Code 21921		10	g. Citizen of W Uni		y? tates	
0200	n 72 hours after de "natural", jpr items edical Examiner m	by Funeral	11. Mentel Stetus tt□ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever In U. Armed Forces? 1 ☐ Yes 2₹☐ No If Yes, Give Yeer or Detes:	S. 13	3. Wes Decedent of If Yes, specify Control of It Yes 2 □ N	f Hispanlc Origin? (S uben, Mexican, Puerto o Specify:	pecify Yes or No- o Rican, etc.)	Blec	e - America k, White, et White	ic.	
5-0	n 72 hours "natural", edical Exa	etec	15. Decedent's Edu (Specify only highest grade	cation e completed)	16a. Dec	cedent's Usuel Occ	supetion ne during most of wor	kina 1	6b. Kind of Bu	siness/Indu	istry	
Maryland 21215-0020	with then the M	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	life	. DO NOT use reti tudent	red)					
P	tal Hyg d other event, I	Bec	17. Fether's Neme (First, Middle, Last)				18. Mother's Nan	ne (First, Middle, M	leiden Sumem	Θ)		
la la	thould be of Mental marked o	ToE	Michael Timothy	Runyons			Terri	e Lynn Qı	uinn			
ar			19e. fnforment's Name/Reletionship (Ty	rpe, Print)	19b. Me	Iling Address (Stre	et end Number or Ru	ral Route Number,	City or Town,	Stete, Zip C	Code)	
	f Health and Mer then 27 is marks other traumatic		Michael T. Runy	ons/Father			Drive, El	kton, Ma	ryland	21921		
Baltimore,	pormit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is in any injury or other traum once.		20e. Method of Disposition 1 Rurial 2 Cremetion 3 Rurial Donetion 5 Other (Specify)	lemoval from State	i I p I n	position (Name of registory or other Manor Me Park	morial	Dete 2 5-14-96	Elkton,			
Balti	permit. Departri Importa any inju		21. Signature of Funerel Servica Licanso			22. Neme end Add	Jome for F	unerals,	P.A.			
-			23a. Part1. Enter the disease, or complishock, or heert feilure. List only or	ications that caused the deat	h Do not e	103 W.	Stockton	St., Elk	ton, MD	2192	1-5521	
	Physician /Medical Examiner	iner		Acute	Ned		jury				ntervel Betweer Onset end Deetl	1
Box 68760,	requires that the death cartificate be executed seen signed by the attending physician and hould be detached for use as the burial-transit	In/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest			equence of):						
	death	sicie	Pert ff. Other significant conditions con	tributing to death but not res	ulting in the	underlying cause	given in Pert f.	23b. Did tot	oacco use con	ntribute to 1	the cause of de	ath?
, P.O	res thet the death cart igned by the attendin be detached for use	by Physician/		<u>-</u>				1 🗆 Ye	2 No	3 ☐ Probe	ably 4 Unk	nown
Records,	2 S S	Completed t						24e. Wes en perform	ned?	evei	e autopsy findin leble prior to pletion of cause sath?	_
	Page at							1 □ Ye	s 2 No	10	Yes 2□ No	
Vit	ysician: The	Be	25. Wes case referred to medical examiner?	lospitel:			Whom	th (Check only one	,			
of Vital	this aldi	. To	1 New 2 No	1 ⊔ Inpatient 2 ⊔	ER/Outpeti 28b. Time	BILL SEL DOA		ome 5 Resider			MVA	
Division	Attending or deeth. actor: After by the fune	Certification:	1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Dete of Injury (Month, Dey Year) 5-//- 96 28e. Plece of Injury - At he building, etc. (Specify	0 40	Street, fectory, office	Yes 2 No	PASSENGE 281. Location (Str. City or Town, 273	eet end Number Stete)	teo F	Route Number,	
	To the Hospital or within 24 hours after To the Funeral Director Completely filled in	edicai	29e. Certifier (Check only one) 1 Certifying Phys	lician: To the best of my kno- ner: On the basis of examine and manner steted.	wledge, de tion end/or	eth occurred et the investigation, in my	time, dete end plece y opinion, deeth occu	, end due to the ce rred et the time, da	use(s) end me	nner es ste	ted.	
		M	29b. Signeture and title of cartifler		M	7	35675	EIKTON	6. Dete signed			
6	Sta	te	30. Nefne end eddress of person who co	pole Cause of death (Item 100 32. Registrer's Signe	12	e, Print)	sect!	ELKTOR	s ll	d 2	1921.	
			A 8884 4 4			A.a.						

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I. M. P.

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

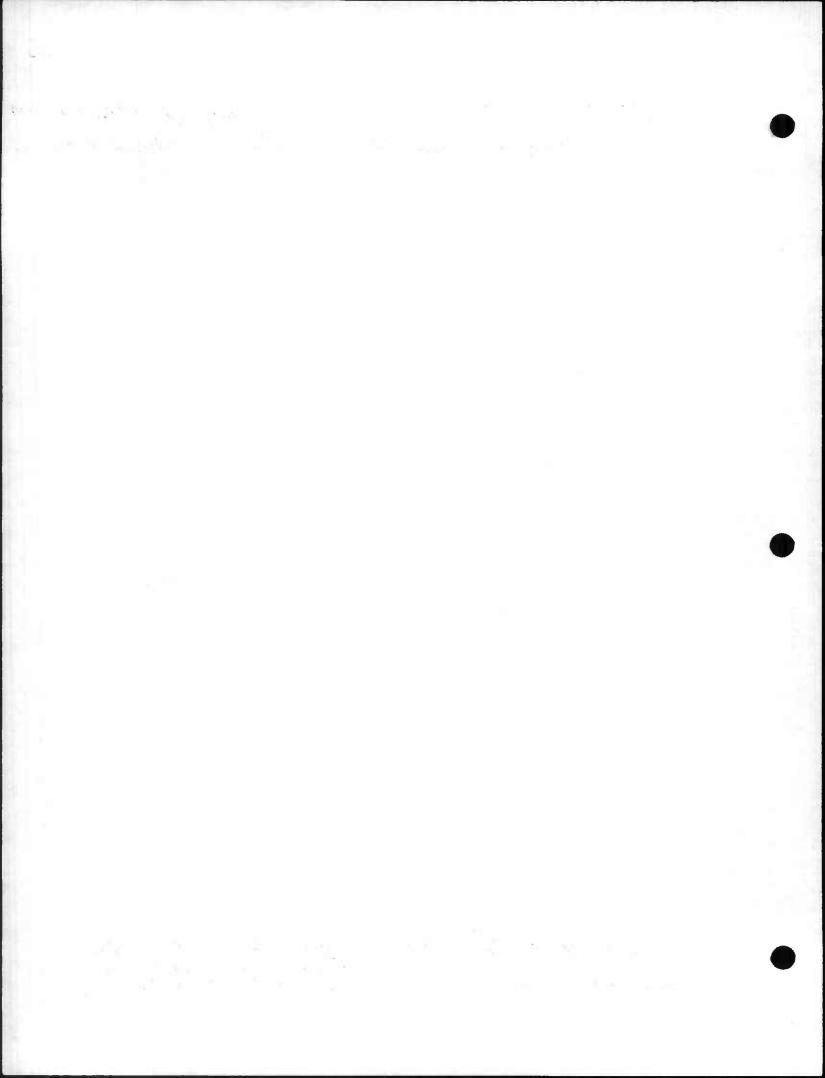
Rea No.

15558

							Cen	incale	OIL	Deam			Reg. No.		
	Physic /Medi		1. Decedant's Name	THOM	AS Jos		ink	LE				2. Data of Do Month MAY	8. '	1996	3. Time of Death 8 374
	Examination Examin	ner	4a. Facility Nema (If r	mber 6. Se	MARYI	AND T	rthday)_	If Undar 1		If Under	24,	8. Data of Bi	rth ay, Year)	9. Birthp	eaca (State or Foreign
	Director		118-09-14! Usual Rasidanca of D	20 -		77	Yrs.					March	22, 191	9 N∈	w York
	A Married			10b. County		10c. City, Tov	n or Loca	ation						1	0d. Inside City Limits
1	12 /3	ctor	Md.	Prince Ge	orge	Suit	land								1⊠Yas 2□No
(1 33	Director	10e. Street end Numb					10f. Zip C	oda				10g. Citizan of	Whet Coun	try?
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150	ltem Item	Funeral	11. Marital Status 1⊠ Navar Married		12. Wes Deceder Armad Forcas 1X Yas 2	?	13. W	as Daceder (as, specify	t of H	ispanic Ori n, Maxicar	gin? (Spe n, Puarto	ecify Yes or No Rican, etc.)	D- 14. Re	ce - Americ ick, Whita,	
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21215-002	72 he natur	Completed	(Specifi	5. Decedant's Edu only highast grad	cation		. Deceda	nt's Usual (Decupa dona d	ation	t of worki	ina	16b. Kind of E		
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ary	d 2 should th end Mer 7 is marke traumatic	2	19a. Informant's Nam	ard P. F ne/Ralationship (Ty		19	b. Mailing	Addrass (5	Straat				Clancy Der, City or Town	, Stata, Zip	Code)
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ore	ges 1 en t of Heel if item 2 or other		20a. Mathod of Dispo	sition Cremetion 3 🗆 F	amoust from Stat	20b. Piece o	f Disposi		of			Data	20c. Location		
Baltimore,	2 4 6 6			Othar (Specify)	amoval from Stat	Md. Ve	etera	ns Ce	met	tery		5/13/9	Chelte	nham,	Md.
Ball	permit. I Depertm importar eny injur		21. Signeture of Funs	aral Sarvice Licen	98		22.	Nama and	Addras	s of Facilit	Lee	e Funei	ral Home		
_	20200) XC	5. 50			663	3 Old	A	Lexan	der 1	Ferry I	Rd. Clir		Md. Approximata
	Physician /Medical Examiner	er	23a. Part1. Enter the shock, or heart Immediata Causa (Fi disaasa or condition rasulting in death)		Section and the section of the secti	Dua to (or as a	P							7.	Interval Between Onset and Death Sweeth
30x 68760,	th certificate be executed ending physician and r use as the bunel-transit	an/Medical Examiner	Sequantially list cond if eny, leading to Imm causa. Enter Underly Causa (Diseasa or in that initiated avants rasulting in death) La	litions, radiate ying jury st	Reg	Dua to (or as a Due to (or as a	consaqu	- 7	an	lin	mi	m	ng d	sex.	ie 10 9
9.	the deeth y the atter sched for u	sici	Part II. Other hignifica	ant conditions cor	tributing to death	but not rasulting	n the und	erlying cau	sa giv	an in Part I		23b. Did	tobacce usa co	ontribute to	the cause of death?
P.0	\$ 20	Completed by Physicial	Jums	+ 3m	55 .	Pros	he	1	~~	ici.	1201	10	Yes 2□ No	3 Prot	bebly 4 Unknown
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t V	5 00 0	To	axaminar?	0	lospital: 1 Inpa	tiant 2 ER/O	utpatient	з□ роа	Othe	or.			idence 6 □Ot	ner (Specif)	1)
n o	Hing Ph h. After th funeral		27. Manner of Death	5 Panding	28a. Data of In (Month, D		Tima of Injury		. Injun			28d. Dascribe	how injury occu	rred	
Sio	Attending r death.	catl	2 ☐ Accidant 3 ☐ Suicide	invastigation 6 Could not be				М		Yas 2□		00/ 1 11	· · · · · · · · · · · · · · · · · · ·		10
Division	or All efter Direc	Certification:	4 Homicida	datarmined	building, a	njury - At homa, fo etc. <i>(Specify)</i>	am, stree	it, factory, c	ffice		,	City or To	wn, Stata)	oer or Hura	l Route Number,
	To the Hospital or Attending is within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	edical C	29a. Cartifiar 1 (Check only 2	Certifying Phys	Ician: To the bes er: On the basis end manners	of axamination ar	a, daath o	ecurred at stigation, In	tha tim	na, data an pinion, daa	d placa, a	and due to the	causa(s) and m	annar as st and dua to	ated. tha causa(s)
	To the To the Comp	M	29b. Signature and tit	le of certifier	mi			29c. L	icansa	number	2/		29d. Date sign	16 (Month,	Day, Year)
			30. Name and addrass	Land	(sa) .	death (florn 23a)	Ten	int) n. A	Ve	#/	18/	Sopre	e Mo	R/ba	DED, MI
	Sta Registr		31. Dete filed (Month,	Day, Year) AY 1 5 19	32 Roos	trar's Signature	Rard	M						20	0772

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				State of IVI	arylariu		rtificate of	Death	wentar n	Reg. No.	20	10005
	Physic /Medi Examir	al	Decedant's Nama (First, Middla, La	- Ke	ch			4b. City, Town, or	2. Data of D Month May Location of Das	Day	Year / 996	3. Tima ol Death 1: 19 p #
	Funeral Director		5. Social Sacurity Number 6. S 220–22–6160	Ry/AV ax □ M 21XF 7.0	ga (In yrs. las	si birthday) Yrs.	If Undar 1 Yaa Months Days		8. Data of B (Month, D Decemb	irth lay, Year) er 2,1	9. Birthpi 925	Mechanian (State or Poraign aryland
-	show dail	4	Usual Residance of Dacedant 10a. Stata 10b. County			Town or Lo		1.0			10	0d. Insida City Limits
	- FE	Director	Maryland Prince G	eorge's	В	randy	T					
1			10e. Street and Number 12711 Martin Roa	đ			10f. Zip Coda 20613	3		10g. Citizar	n of What Coun A	try?
020	72 hours after deal natural, or items i	by Funeral	11. Marital Status 1 Navar Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forcas? 1 ☐ Yas 2 ☑ I If Yes, Giva Yaar or Datas:			Was Decedent ol Il Yas, specify Cul 1 ☐ Yas 2 ☑ No	Hispanic Origin? (S ben, Maxican, Puart Specify:	pecify Yas or N o Rican, atc.)	0- 14.	Race - Amarica Black, White, a Decify: Black	atc.
Maryland 21215-0020	filed within 72 ho Hygiene. Cher then "natur int, the Medical.	Completed	15. Decedant's Ec (Specify only highast gra Elementery/Secondary (0-12)	ucation da complatad) Collega (1-4or t	0+)	16a. Dece (Giva lifa. Secre		upation a during most of wor ed)	king		of Businass/Ind	
p	e filed al Hyg other vent, I	Be C	17. Fathar's Nama (First, Middla, Last)				-	18. Mothar's Nar	na (First, Middle			
Na Va	should b od Menta marked amarke	70	James W. Simms					Mary M	1. Chane	∋y		
Mar	2 should and Mer is marks raumatic		19a. Informant's Name/Ralationship (et end Number or Ru		•		
			Amos Rich- Husbane	<u> </u>				Road Bra				
Baltimore,	ment of the mant of the mant: If the law, or of the		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification)				osition (Nama of matory or other pla Veterans		1996		enham, M	aryland
Bal	Depart Import any in		21. Signature of Funaral Sarvina Licen	SAA COL	50		2. Nama and Addi	ess of Facility neral Home	e Aquaso	co,Mar	vland 20	0608
	Physician /Medical Examiner pural-transit	Examiner	23a. Part1. Entar the please, or compshock, or heart trillure. List only Immediate Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. AND b. ATHE	Due to (or a	A RP as a consec	YO CAIC (V 66) quance ol): XOT(C	NIC	FAIR FAIR	LUR	SE	Approximata Interval Batween Onsat and Death
Box 68760,	sath certificate attending phys for use as the	edical	Sequantially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Disassa or injury that initiated awants resulting in deeth) Last	d. DIAY	Dua to (or a	s a consec	guance of):	R1050				
P.O.	t the de by the tached	hys	Part II. Other significant conditions of	•				iven in Part I.		tobacco us Yee 2⊡1		the cause of death?
ords, P	quires that en signed k	Completed by Physician/M	SEVERE CA CORESPACE ENCE	ANDRIA	A	NO	AN	10×1 C	24a. Wa	s an autopsy	24b. Wa	ara autopsy lindings
Reco	olcian: The law requirector, page 2 should	omplet	RESPIRATOR	X PAI	LUI	ec-	<i></i>			Yas 201	cor	npletion of cause death?
ita		Bec	25. Wes case relarred to medical axaminar?			age of		26. Place of Dee	eth (Check only	ona)		
>	D 00 Z	2	1 Yas 2 No	Hospitel: 1 Impatia	int 2 EF	R/Outpatier	IL SEL DON		oma 5□Ras	sidance 6 [Othar (Specify	1)
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Ō	To the Hospital or Attenwithin 24 hours after deat. To the Funeral Director:	edical Cer	29a. Certifiar Certifying Phy	rsician: To the best of	ol my knowie	edga, daati	n occurred et tha t	ima, date end plece	, end dua to the	causa(s) an	d manner es st	eted.
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			30. Nama and address of parson who d		eeth (Item 2		Print) DA	115 18 NI 60 IN 70 K	6-	5-1	7-96 MD	
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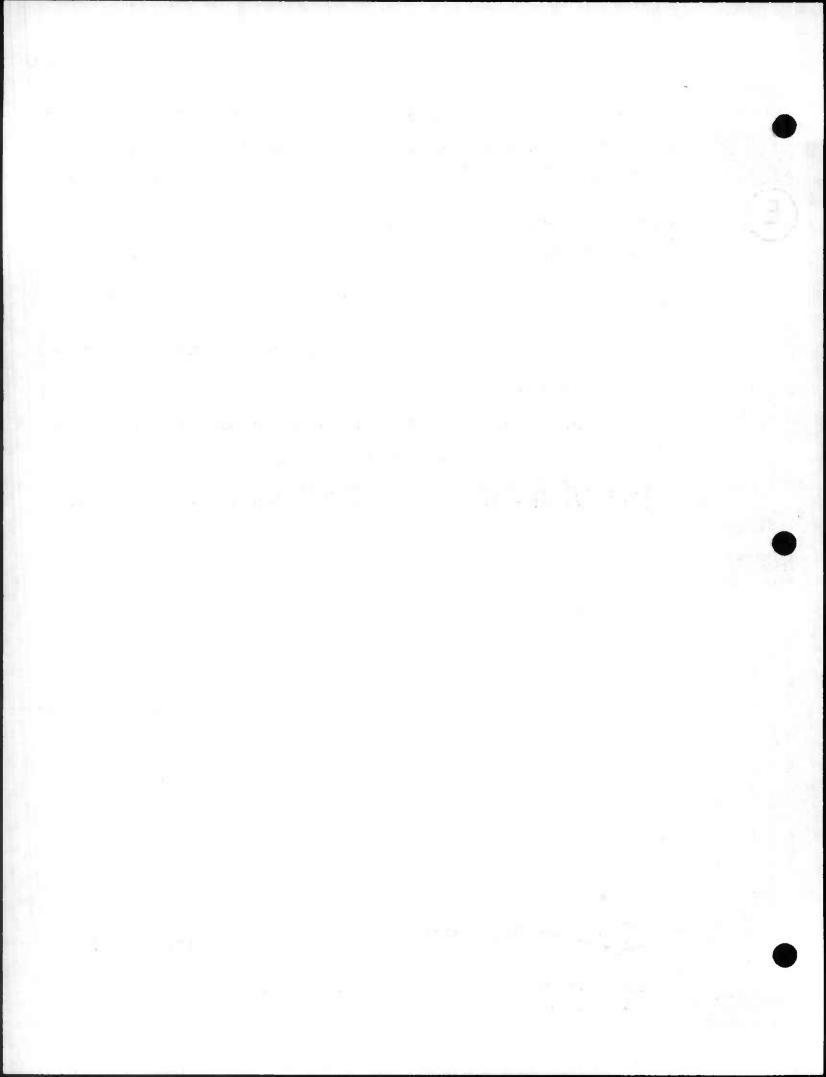


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State of Maryland / Department of Health and Mental Hygiene

15560

					Cei	rtificate d	of Deat	h		Reg. N	0.		10000	
		1. Decedant's Nama (First, Middla,	Last)						2. Data of D	Death			3. Time of Death	
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/Medic Examin		4a. Facility Neme (If not institution,	_	ROBINI	TIE		4b. City,	Town, or Lo	ocation of Dea		c. County			-
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or 28	Director	10e. Street and Number				10f. Zlp Cod	ie			10g. C	itizan of V	Vhat Coun	try?	
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natural, or items 23a or 28a-4 dical Examiner must be notifie	Funeral	11. Merital Status	12. Was De Armed F	cedant Ever in U,	S. 13.	Was Dacedant If Yas, specify (of Hispanic (Origin? (Sp	ecify Yas or N	10-		a - America k, Whita, e		Ī
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tem 27 is marks other traumatic		VERNA L. WILSON	DAU			BALTIM		KE CI	UMBERL	_			21502	
a de	П	20a. Mathod of Disposition XIX Buriel 2 ☐ Cramation 3	□ Removel from		lace of Dispo emetery, crer	sition (Nama o	f pleca)	i	Data	20c. L	_ocation -	City or To	wn, Stata	
Department of Health and Millingortant: if them 27 is mariany frijury or other traumations.		4 Donation 5 Other (Spe		FEL:	LOWSHI	P CEMET	ERY MA	AY 13	1996	CEN	TERV1	ILLE,	PA.	
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of bu	Medicai	Cause (Disaasa or injury that initiated evants rasulting in daath) Last	C	Dua to (or	as a conseq	uance of):					-			-
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tach th	ٳڿۧ		-		-		-		10	Yes	2 No	3 Prob	ably 4 Unknow	r
	by										^			
been signal	8								24a. We	s an auto	opsy	24b. Wa	are autopsy findings	
2 shoul	e e								per	ioiiiied :		con	nplation of cause death?	
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rector, per		25. Was cesa referred to medicel	T				00 01	as of Doot			- 140		1145 20140	-
director, pege	o Be	examinar?	Hospital:	inpatlant 2	ED/Outpetler	a∏ DO4	Other		h (Check only		c 🗆 🗆	(0		
and d	2	27. Manner of Death			ER/Outpatier 28b. Tima of		njury at Work?		me 5 Re				9	
After fune	들	1 Natural 5 Panding 2 Accident Invastiga		of injury oth, Day Year)	Injury		Work? 1∐ Yes 2[,			
y the	1Ca	3 ☐ Suicide 6 ☐ Could no	t ba	e of injury - At ho	ma, farm, str				28f. Location	(Street a	ind Numb	er or Rura	I Route Number,	
To the Funeral Director: completely filled in by the	Certification:	4 Homicide	build	ling, atc. (Specify	')	auti ractory, on				own, Stat			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
To the Funeral Director: After th completely filled in by the funeral		29a. Certifiar Certifying	Physician: To the	heet of my know	vladna daatt	occurred at th	e time dete	and piace	and due to th	0.001100/1	e) and ma	nnar ae et	etod	
Fun etely	edical	(Check only 2 Medical Ex	aminer: On the b	pasis of examination stated.	ion end/or Inv	astigation, in n	ny opinion, d	aath occurr	ed at the time	e, date ar	nd place,	and dua to	tha ceusa(s)	
ld w		29b. Signature and title of certifier	- Fi	10.5		29c. Llc	ansa numbe	r		29d. D	ata signe	d (Month, L	Dav. Year)	-
- 0		W/	1cm	MI	>					MI	AVI	3 9	6.	
	-		V		2210.		3371			1 (1	7 (-/1	0.	participa
		30. Nama and address of person wi		-										
7	_	DR. QAMAR ZAMAN,	SUITE 1	02, 625	KENT	AVE., C	UMBERI	AND,	MD 2	21502)			
State	-	31. Date filed (Month, Day, Year)	196 21	Ragistrar's Signat	P									
tegistra	r	-111111 7 0 1	JUL STAN	- CONTINUEDON	Mardall									



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State of Maryland / Department of Health and Mental Hygiene 96

201–16–4504 Usual Residance of Decedent 10a. State 10b. County MD Allegan	ED give street end number) TAL Sax 7. Ag	e (In yrs. last birthd 71 Yrs	Gul If Und		h City Town or L	2. Dete of Dear Month MAY 13,	Dev	Yeer 3.	. Tima of Death
4a. Fecility Neme (If not institution, g MFMORIAL HOSPI 5. Social Sacurity Numbar 201–16–4504 Usuel Residence of Decedent 10a. Stete 10b. County MD Allegan	TAL Sax 7. Ag		levi If Un		h City Town or L	MAY 12			. Time or Dogut
MEMORIAL HOSPT 5. Social Sacurity Number 201–16–4504 Usuel Residence of Decedent 10a. Stete 10b. County MD Allegan	TAL Sax 7. Ag		(au) If Uni		h City Town or L	mai 10,	1996	0	019AM
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201–16–4504 Usual Residance of Decedent 10a. State 10b. County MD Allegan	VOM 20E		aul If Une	C	UMBERLAN	D	ALLEG	ANY	
10a. Stete 10b. County MD Allegan			Month	dar 1 Yaar Is Deys	If Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey Dec 23	Year) , 1924	9. Birthplece Country) PA	(Stete or Foreign
		10c. City, Town o	r Location					10d. I	Inside City Limits
	777	Cumb	erlan	7				1	1 □ Yes 2 □ No
10e. Street and Number	-1			Zip Code		1	0g. Citizen of V	Whet Country?	
12023 Kneisley 1	Drive NE			21502			USZ	A	
11. Maritel Stetus 1 Never Married	12. Wes Decedent Armed Forcas?	No			spantc Orlgin? (Sp n, Mexican, Puerto	ecify Yas or No- Rican, etc.)		e - Amarican Ir ck, White, etc.	
	Year or Detes:	-	andonto I I	suei Occupe	ation		16b. Kind of Bu	whi	
15. Decedent's E (Specify only highest g	rade completed)	(G	iva kind of	work dona d use retired	luring most of work)	ing	100. Kind of bi	usiness/mousti	ıy
Elementery/Secondery (0-12)	Coilege (1-4or 5)+)		eachei			Allega	nv Co.	School
17. Fathar's Nama (First, Middla, Las	st)	1.002			18. Mother's Nem	e (First, Middle, I			
Harold E. Reed	l. Sr.				Keron J	. (Love)	1)		
19e. Informent's Neme/Reletionship		19b. M	eiling Addre	ess (Street e	and Number or Rur			Stete, Zip Coo	da)
Nancy S. Reed	wi fe	120	23 Kn	eisle	y Drive N	IE: Cumb	erland.	MD 2	1502
20a. Method of Disposition		20b. Pieca of Di cemetery,					20c. Location -		State
1 Burial 2 ☐ Cremetion 3 I 4 ☐ Donetion 5 ☐ Other (Spec		Spring				05/16	Shinne	nsburg,	DΔ
21. Signature of Funerel Service Lice		1 Derming			s of Fecility	03/10	Simple	iisburg,	IA
1/ ham]	March	2011			i Funera				
23a. Per Entar tha disaase, or cor short or heart feilure. List only	mplications that caused	the death. Do not				21502 or respiretory erro	est.	Apr	proximata
shork or heart feilure. List only	ly one ceuse on each iir	10.					,	Inte	proximata erval Between set and Deeth
Immediate Cause (Final	TT 4 3 -	1 4	4 - 7 -					_	11.
diseese or condition resulting in deeth)	e Ventric			Α.				Lmi	mediate
		Due to (or es e con						1	1
Cognostially list conditions	D.							1 -	hour
if eny, leeding to immediate cause. Enter Underlying				,.					
thet initiated events			sequence o	f)·				3	years
resulting in deeth) Lest				-,-				i	
	d								
Pert II. Other significant conditions	contributing to death by	ut not resulting in th	e underlying	CAUSE DIVE	en in Part I	23b. Did to	bacco usa co	ntribute to the	cause of death?
			o arraorry m			100			y 4 Unknow
						24e. Wes e	n autopsy ned?	eveilab	outopsy findings ble prior to
								of deet	tion of cause h?
						1 □ Ye	s 20 No	1 □ Ye	s 2 No
25. Wes case referred to medical					26. Piece of Deet	h (Check only on	e)		
1 ☐ Yes 2 No	Hospitel: 1 Inpatia	nt 2 ER/Outpe	tient 3	DOA Othe	er: 4 🗆 Nursing Ho	me 5 Reside	nca 6 Oth	er (Specify)	
	28a. Dete of Injur	y 28b. Tim		28c. Injury Work	et ?	28d. Describe ho	w Injury occur	red	
27. Mennar of Death			М						
1 Neturel 5 ☐ Pending investigation		ov - At home farm	street, fect	ory, offica		28f. Location (St City or Town	reet and Numb n, Stete)	per or Rural Ro	uta Number,
1 Neturel 5 ☐ Pending 2 ☐ Accident investigetic 3 ☐ Suicide 6 ☐ Could not	A 256. Piece of Inju	: (Specify)				and the state of t	ouco(c) and me	anner es steter	4
1 Neturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier 1 Certifying P	d 286. Piece of Inju-	of my knowledge, do examinetion end/o	eeth occurre r Investigeti	ed et the tim on, in my op	e, dete end plece, inion, death occur	end due to the cred et the time, d	ete end plece,	end due to the	cause(s)
1 Neturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only) 29 Medical Exa	building, etc. Physicien: To the best of aminer: On the basis of	of my knowledge, do examinetion end/o	Investigeti	ed et the tim on, in my op 29c. Licanse	inion, death occur	ed et the time, d	ete end plece,	end due to the	cause(s)
1 Neturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 1 Pending investigetic determined	building, etc. Physicien: To the best of aminer: On the basis of	of my knowledge, do examinetion end/o	Investigeti	on, in my op	inion, death occur	ed et the time, d	ete end plece,	end due to the	cause(s) , Year)
1 Neturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signature and title of certifier	chysicien: To the best of aminer: On the basis of end manner ste	of my knowledge, do examinetion end/o	r Investigeti	on, in my op	inion, death occur	ed et the time, d	ete end plece,	end due to the	cause(s) , Year)
1 Neturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signature and titla of certifier 30. Neme end eddress by erson who	completed cause of de	of my knowledge, do examinetion end/o	r Investigeti	on, in my op	inion, death occur	ed et the time, d	ete end plece,	end due to the	cause(s) , Year)
P	Pert II. Other significant conditions 25. Wes case referred to medical examiner? 1	Sequentielly list conditions, if env, leeding to immediate cause. Enter Underlying Ceuse (Disassa or Injury that initiated events resulting In death) Lest 25. Wes case referred to medical examiner? 1	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disaasa or Injury that initiated events resulting in death) Lest 25. Wes case referred to medical examiner? 1 Yes 2 No 27. Mengar of Death 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined.	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disaasa or Injury that initiated events resulting in death) Lest 25. Wes case referred to medical examiner? 1	Due to (or as a consequence of): Continue of the condition of the condi	Due to (or es e consequance of): Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disaasa or Injury that initiated events resulting in deeth) Lest Compared to the conditions contributing to death but not resulting in the underlying cause given in Part I.	Due to (or es e consequance of): Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disaasa or Injury that intillede events resulting in deeth) Lest Comment of the intillede events	Due to (or es e consequance of):	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or Injury that intifleted events resulting in deeth) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the 1 Yes 2 No 3 Probable complex of deeth 24e. Wes en autopsy performed? 24b. Were a eveilat complex of deeth 25c. Wes case referred to medical examiner? 1 Yes 2 No No 25c. Wes case referred to medical examiner? 26c. Place of Death (Check only one) 27d. Mengar of Death 27d. Mengar of Death 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Location (Street and Number or Rural Roc City or Town, Stete)

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State of Maryland / Department of Health and Mental Hygiene 96

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					Certific	cate of	Death		Reg. No.	0 1	0002
			1. Decedent's Neme (First, Middle, Last)				2. Dete of De			3. Time of Death
	Physic			Dorothy A	vis Snyd	er		Month	Dey	1996	2328
	/Medi Exami		4a. Fecility Neme (If not institution, give				4b. City, Town, or I				~5~0
1	EAGIIII		Washington Coun	tu Hospita.	l		Hagers.	town	Wasi	hinate	ои
	Funeral		5. Social Security Number 6. Sec	7. Age (In yrs	lest birthdey) If U	nder 1 Yeer	If Under 24 Hrs.	8. Dete of Birt	h	9. Birthpleo	e (Stete or Foreign
	Director		2 1 4 - 2 8 - 6 0 2 5	M 2XF 64	Yrs. Mon	ths Deys	If Under 24 Hrs. Hours Min.	Oct.	5, 1931	Mari	yland
	S M		10a. Stete 10b. County	10c. C	ity, Town or Location					10d.	Inside City Limits
	Mary Mary	to	MD Washing	aton	Hagersto	าเมา					1ÅYes 2□No
_	2 2 2	rec	10e. Street and Number			. Zip Code			10g. Citizen of	Whet Country	?
E		Funeral Director	1008 Columbia Ro	ad			21742		!!	.S.A.	
L	deer deer	ner		12. Wes Decedent Ever in U	J,S. 13. Wes D		Hispenic Origin? (Spen, Mexican, Puert	pecify Yes or No		e - American	
200	f, or la	by Fu	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes ②☐ No If Yes, Give Yeer or Detes:		specify Cub es 2 XNo		o Hican, etc.)	Specify	ck, White, etc.	
Maryland 21215-p02	72 hou	Completed	15. Decedent's Edu	cation	16e. Decedent's	Usuel Occu	petion		16b. Kind of B		
2	Med "	pje	(Specify only highest grade Elamentary/Secondery (0-12)	Collage (1-4or 5+)	life. DO NO	T work done OT use retire	during most of wor ed)	king			
2	A STATE OF THE STA	Sol	12		Homema	iker			#	Home	
P	of the same	Be (17. Father's Neme (First, Middle, Last)				18. Mother's Nan	ne (First, Middle,	Meiden Sumen	10)	
yla	Ment	ို	John Howard Pear	ll_			Avis	Irene t	lawbak	27	
ar	S Short		19e. Informent's Neme/Relationship (Ty				t and Number or Ru				ide)
	and a 27		Edwin E. Snyder/	Husband	1008	colum	bia Roa	d Hage	erstown	1, MD	21742
ore	L Harry		20e. Method of Disposition		Plece of Disposition cemetery, crematory	(Neme of or other ple	ace)	Dete	20c. Location -	City or Town	Stete
Baltimore,	Page Int: III		1 ☐ Burial 2 ☐ Cremetion 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	S m	ithsburg	Cre	matoru	5/13/9	Smi.	thsbu	ra Marul
att	Departir Departir mports any Inju		21 Signeture of Funerel Service Licans	198	22. Nem	e end Addre	ess of Fecility	1 /	TEAE D		· · · · · · · · · · · · · · · · · · ·
ď	88 1 8		Jack Janes of	The same	Dav	is F	uneral 1	Home Sy	nithahi	ina Mi	21783
			23e. Pert1. Enter the disease, or compli	cations thet caused the dee	th. Do not enter the	mode of dyl	ing, such es cardiec	or raspiratory a	rast.	. An	poroximata
-	Physician		shock, or heert feilure. List only or	ne cause on each line.						Int	tervel Between nset end Death
	/Medical		Immediate Cause (Final	Mara		TI	1	-		7	- days
	Examiner		diseesa or condition resulting in death)	Mesent		/ h	nombo	311			24/5
		ē		Atrial	or as a consequence	1/	4				2 1/0
	be executed sician end buriel-transit	Examiner	Sequentially list conditions	,	or es e consequence	3	129				Lyears
ó	exec an en riel-tr		if eny, leading to immediate cause. Enter Underlying	50010 (or ea e corraequence	Oi).					
68760,	requires thet the death certificete be executeen signed by the attending physician and hould be detached for use as the buriel-tran	Medicai	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due to (c	or es e consequenca	of)·					
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	thet the death ce ed by the attendi detached for us	icia	Pert II. Other significant conditions con	tributing to death but not res	culting in the underivi	no cause di	ven in Part I	22h Did	obsect use of	ntribute to th	e cause of death?
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Records,	w requires thet been signed to should be det	Completed by Physician/			/			24a. Wes	an autopsy	24b. Were	autopsy findings
8	- 00	ete						perfo	med?	compl of dea	ble prior to letion of cause
Re	w 60 CV	Ĕ							. Sec.		
ā	ficate or, pe		25. Wes case referred to medical					101		1 🗆 Y	es 2 No
5	Physician: this certific ral director,	o Be	examiner?	ospitel:	length to the	Ott	26. Pleca of Dea				
of	Phy r this	5	27. Magner of Deeth		ER/Outpatient 3 28b. Time of	DOA	4 Li Nursing H	ome 5 Resid	lence 8 ∐Oth now injury occur		
on	ding tune	ţ	1 Natural 5 Panding 2 Accident Investigation	28a. Dete of Injury (Month, Dey Year)	Injury M	28c. Inju Wo	rk?]Yes 2 □ No		,,		
Division of Vitai	Attending or death.	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Pleca of Injury - At h				28f. Location (S	Street and Numb	er or Rurel R	oute Number.
Ö	after Dire	Certification:	4 Homicide	building, etc. (Special	<i>y</i>)	J. J. J. J. J. J. J. J. J. J. J. J. J. J		City or Tov	m, Stete)		, , , , , , , , , , , , , , , , , , , ,
_	spita ours neral filler		29a. Cartifier 1X Certifying Phys	Iclan: To the best of my kno	wiedne deeth occur	red at the ti	me dete and place	and due to the	rausa/s) and ma	nner se stete	d
	To the Hospital or Attending Physician: The k within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page.	edical	(Check only 2 Madical Examinations)	er: On tha besis of examine end menner steted.	otlon and/or Investige	tion, in my	opinion, deeth occur	rred et the time,	dete end plece,	end due to the	a cause(s)
	vithin o th	₩.	29b. Signeture end title of certifier			29c. Licens	se number		29d. Dete signe	d (Month, Day	, Year)
	->-0		· OILITA			DI	11. 121		M	11 14	CI
		}	30. Neme end eddress of person who co	1 da u	n 220) (Turn Driet)	<i>U</i>	16971		1.147	11 / 7	76
			The first address of person who co	70 M. I	1 Zoa) (Type, Print)	L/0 00	+ Wn	contet	() (1) (1)	ma	
	Sta	to	31. Dete filed (Month, Dey, Year)	32. Registrer's Signe	eture	166	, Ma	451011		1110	
	Sld Registr	25		1000 MIL N	. 0.			,			

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** ROGER LERDY SHOOK 11 1996 4c. County of Death 06:15 AM MAY /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** Washington County Hospital Hagerstown Washington | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | July 15, 1 5. Sociel Security Number Birthpiece (Stete or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** 1∭M 2□F Months 215-18-1071 Yrs. 69 Director 1926 Maryland Usuel Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits or 28a-f show the Medical Examiner must be notified at 1X Yes 2 □ No Maryland Washington Director Hagerstown 10e, Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1053 Beechwood Drive 21742 U.S.A. "natural", or items 23a Funerai 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 11. Maritel Stetus pemit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Findortant: If item 27 is marked other than "natural", or the any injury or other traumatic event, the Medical Exercises Bieck, White, etc. 1 Yes 2 No 1 ☐ Never Merried 2XXMarried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White ģ 3 Widowed 4 Divorcad Yeer or Detes: Completed 16a. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 12 Years Coilege (1-4or 5+) Sheet Metal Worker Aircraft Manufacture 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Elta Turner Albert M. Snook 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1053 Beechwood Drive, Hagerstown, MD Jean L. Snook/Wife 20e. Method of Disposition

14 Buriai 2 Cremetion 3 Removel from State 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State Rest Haven Cemetery May 14, 1996 Hagerstown, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Douglas A. Fiery Funeral Home 21. Signature of Funeral Service Licensee ouglos A Steri 1331 Eastern Blvd. North, Hagerstown, MD 21742 23a. PartT. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physiclan /Medical Immediete Cause (Finei RESPIRATORY diseese or condition resulting in deeth) Examiner Examiner OBSTRUCTIVE HUMONARY (HRONIC attending physician and for use as the burial-transit requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): Records, P.O. Box 68760. ian/Medicai Due to (or es e consequence of) signed by the aid be detached for Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 ☐ Unknown ģ 24b. Were autopsy findings evailable prior to completion of cause of deeth? page 2 should 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physicien: 24 hours after death. Funeral Director: After this certifica director, Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28c. Injury et Work? 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation filled in by the 3 ☐ SuicIde 6 ☐ Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 D Homicide To the Hospital of within 24 hours af To the Funeral D completely filled ! edicai Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year)

State Registrar

31. Dete filed (Month, Day, Year) MAY 1 3 1996

PAMELA FOX BRADFORD MD

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

32. Registrer's Signeture

1799 HOWELL RD

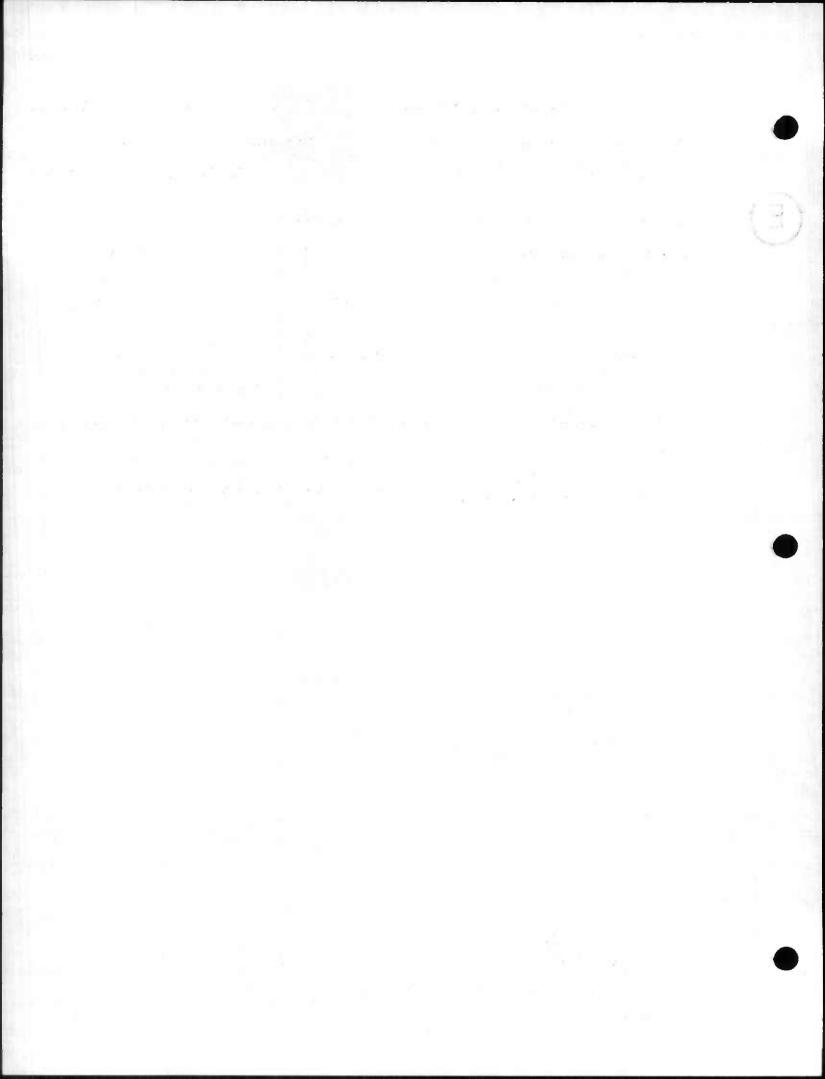
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State of Maryland / Department of Health and Mental Hygiene

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			061	imoato	of Deatl	7	R	leg. No.		
1. Decedant's Name (First, Midd							2. Date of Deal		Yaar	3. Time of Death
A	lma Sabin	a Ways S	taubs				May	9 1	996	5:15 an
4a. Facility Name (If not institution	on, giva streat and r	number)			4b. City, 7	own, or Lo	cation of Death	4c. County	of Death	
Residence: 275	Jackson	Park Roa	ıd		Port	Depo	sit		Cecil	
5. Social Security Number	6. Sex		last birthday)			er 24 Hrs.	8. Data of Birth	Year)	9. Birthpl	ace (State or Fore
233-34-3618	1□M 2\(\frac{1}{2}\)F	70,	Yrs.	MOTITIS	ays nours	IVIII.	Jan. 13,	1926	West	"Virginia
Usual Residence of Decedent										
		10c. Cit	y, Town or Loc						10	d. Inside City Lim
Maryland	Cecil			P	ort Dep	osit				1 ☐ Yes 2 💢 I
10e. Street and Number				10f. Zip Co	de		1	Og. Citizan of	What Coun	ry?
275 Jackson Pa	rk Road				2190)4		U	.S.A.	
11. Marital Status	12. Was De	cedent Ever in U	,S. 13. V	Vas Deceden	of Hispanic C	rigin? (Spe	cify Yas or No-			
	rried 1 Yas	XX No	1				riican, etc.)			
Widowed 4 ☐ Divorce			'	LI Tes ZK	Xvo Specin	y:		Specify	v: W	hite
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		-	life. D	O NOT use	etired)	SI OF WORK	ng			
Ten Years			1	Homema	ker				Home	
17. Fathar's Nama (First, Middle	, Last)				18. Mot	her's Name	(First, Middle, I	Malden Suman	na)	
Arth	ur Ways					Lil	la Whitt	ington		
19a. Informant's Name/Relation	ship (Type, Print)		19b. Mailin	g Address (S	treet and Num	ber or Rura	I Routa Number	r, City or Town,	State, Zip	Code)
Vicki L. Single	eton		16 No:	rth Ma	in Stre	eet, E	ort Dep	osit, l	Maryl:	and 2190
20a. Method of Disposition		20b. F	Place of Dispos	sition (Name	of		Date	20c. Location	City or To	wn, State
		n Stata				one 5/	13/96	Martineh	ura Wa	et Virgin
<u>.</u>		1100					13/30	rat CIUSO	urg, we	St viigili
21. Signature of Fullstan Service	V2	10.	L	ee A.	Patters	son &	Son Fun	neral H	ome	
Vilonial	M. Tat	TELLOX	P	erryvi	lle, Ma	rylar	nd 2190)3		
23a. Part1. Enter tha disease, of shock, or haart failure. List	or complications that of only one cause or	caused the deat each line.	h. Do not ente	er the mode o	f dylng, such a	s cardiac o	r raspiratory arr	est,		Approximata tnterval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b								 	
that initiated events resulting in death) Last	d	Dua to (o	r as a consequ	ience of):						
									1	
Part II. Other significant condit	ions contributing to	death but not ras	ulting in the un	derlying caus	e given In Par	t I.				al de la company
	-						1 Y	es 210 No	3 Prob	ably 4 ☐ Unkn
							24a Was a	n sutoneu	24h We	ra autopsy finding
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							1 □ Y	as 212 No	1 🗆	Yes 2□ No
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25. Was case referred to medical examiner?						ce of Death				
examiner? 1 ☐ Yes 2 No	Hospital:		ER/Outpatient		Other: 4 🗆 N	lursing Ho	me 5 AReside)
examiner?	Hospital: 1 [Inpatient 2 e of Injury onth, Day Year)	ER/Outpatient 28b. Time of Injury	28c.	Other: 4 Injury at Work?	lursing Ho)
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	A 4a. Facility Name (If not institution Residence: 275 5. Social Security Number 233-34-3618 Usual Residence of Decedent 10a. State 10b. Count Maryland 10e. Street and Number 275 Jackson Pa 11. Marital Status 1 Never Married 2 May Widowed 4 Divorce (Specify only high Elemantary/Secondary (0-12) Ten Years 17. Fathar's Nama (First, Middle Arth: 19a. Informant's Name/Relation Vicki L. Singl. 20a. Method of Disposition PCRBurial 2 Cremation 4 Donation 5 Other (21. Signature of Funeral Service Shock, or heart failure. List Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Alma Sabin Residence: 275 Jackson 5. Social Security Number 233-34-3618 Usual Residence of Decedent 10a. State 10b. County Maryland Cecil 10e. Street and Number 275 Jackson Park Road 11. Marital Status 1. Ways Widowed 4 Divorced Paren Years 15. Decedent's Education (Specify only highest grade completed Paren Years) 17. Fathar's Nama (First, Middle, Last) Arthur Ways 19a. Informant's Name/Relationship (Type, Print) Vicki L. Singleton 20a. Method of Disposition PCBurial 2 Cremation 3 Removal fror 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensed Cause (Disease or injury that initiated events resulting in death) Last d	Alma Sabina Ways S 4a. Facility Name (If not institution, giva streat and number) Residence: 275 Jackson Park Roa 5. Social Security Number 233-34-3618	Alma Sabina Ways Staubs 4a. Facility Name (If not institution, give streat and number) Residence: 275 Jackson Park Road 5. Social Security Number 233-34-3618 1	Alma Sabina Ways Staubs 4a. Facility Name (If not institution, give street and number) Residence: 275 Jackson Park Road 5. Social Security Number 233–34–3618	Alma Sabina Ways Staubs 4a. Facility Name (It not institution, give streat and number) Residence: 275 Jackson Park Road 5. Social Security Number 233-34-3618 10 M 2 F 7. Age (In yrs. last birthday) 10 C City, Town or Location Waryland Cecil Port Dep 10c. City, Town or Location Port Dep 10d. State 10b. County Maryland Cecil 10 Maryland Cecil Port Dep 10d. Street and Number 275 Jackson Park Road 11. Merital Status 10 Never Married 2 Married 3 Milyas, Give 4 Milyas, Give 6 Milyas, Give	Alma Sabina Ways Staubs 4a. Facility Name (it not institution, giva streat and number) Residence: 275 Jackson Park Road 5. Social Security Number 233-34-3618 10 M 2 MF 70 Yrs. 10 Local State 10 Local County Maryland Cecil 10 Port Deposit 10 Street and Number 275 Jackson Park Road 10 Local State 10 Local County Maryland Cecil Port Deposit 10 Local State 10 Local County Maryland Cecil Port Deposit 10 Local State 10 Local County Maryland Cecil Port Deposit 10 Local Street and Number 2 Local County Maryland Cecil Port Deposit 10 Local County Local County Maryland Cecil Port Deposit 10 Local County Local County Maryland Cecil Port Deposit 10 Local County Local County Maryland Cecil Port Deposit 10 Local County Local County Maryland Cecil Port Deposit 10 Local County Local County Maryland Cecil Secul County Maryland Cecil Port Deposit 10 Local County Local County Maryland Cecil Security Local County Maryland Cecil Port Collega (1-4or 5+) Homemaker 17. Fathar's Name (First, Middle, Last) Arthur Ways 19 Lindormant's Name/Relationship (Type, Print) Vicki L. Singleton 19 Local County Local Coun	Alma Sabina Ways Staubs Month May	Alma Sabina Ways Staubs Alma Sabina Ways Stau	Al ma Sabina Ways Staubs Al Facility Name (if not institution, give sines and number) 4a. Facility Name (if not institution, give sines and number) 4a. Facility Name (if not institution, give sines and number) 5. Social Security Number 5. Social Security Number 6. Sex 7. Age (in yrs. last brinday) 10a. State 10a. State 10b. State 10b. County 10c. City, Town or Location 10c. Cecil 10c. City, Town or Location 10c. State 10b. State 10b. State 10b. County 10c. City, Town or Location 10c. State 10b. State 10b. State 10b. State 10b. State 10b. County 10c. City, Town or Location 10c. State 10b. Mailing Address (Street and Number or Rural Road Number, City or Town, State, Zp 10b. State 10b. Stat

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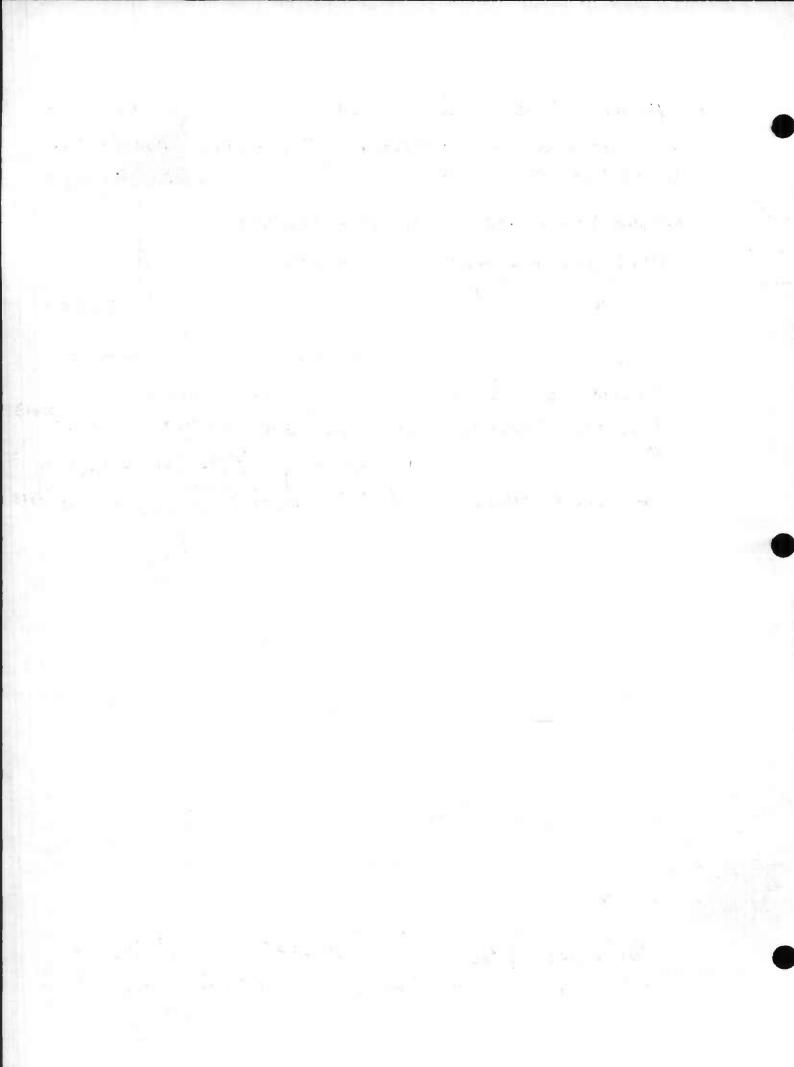
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		Physici		Anna Elizabeti	h Speak	man					Month	CKed	Year	17:30m
D 0		/Medi		4e. Facility Name (If not institution, give						4b. Citv. Town, o	r Location of Dea	-	16	12 WAL
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	21	hin.	흥	(Specify only highest gra Elementery/Secondery (0-12)		(1-4or 5+)	life.	DO NOT U	se retire	during most of w	Orking			
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	b	off Hyy	BeC	17. Fether's Neme (First, Middle, Last)					18. Mother's N	ame (First, Middle	e, Meiden Sumen	ne)	
	Maryland 21215-0020	d be with the contract of the	To B	William T. Chi	dester					Sarah	E. Smit	:h		
	Š	mer mar	-	19e. Informent's Neme/Reletionship (Type, Print)		19b. Malii	ina Address	s (Stree	t end Number or i	Rural Route Numb	ber. City or Town	State. Zir.	Code)
	S	d and 2												
	e o	Hael Hael		Ralph J. Speakma 20a. Method of Disposition	n/Son_	20b.	Piece of Dispo	BIU€	me of	II Koad,	Elkton,	Mary Lat 20c. Location	nd 21	921 nwn State
,	O	it of		1 ☐ Buriei 2 ☐ Cremetion 3 ☐			cemetery, cre	metory or o	other ple		5-15-96			
	Ħ	tmar taint		4 Donetion 5 Other (Specif			Union				1	Union	, Mar	yland
	Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Manyland Department of Heelth and Mental Hygiene. Important: If frem 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.		21. Signature of Funerei Service Licer	nsee					ess of Fecility				
18		W = a		Donald	His	(II.	licks	Hom	e for Fu	nerals,	P.A.	01001	5501
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76	Division	or A aftar Direction by	Certification:	4 ☐ Homicide determined	build	e of injury - At I ling, etc. (Spec	ify)	1001, 100101	y, onlos		City or To	wn, State)	001 01 1101	ar riodio riombor;
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0		To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Mec	29b. Signeture end title of certifier	ena mer	ner steted.		204	o Licen	ise number		29d. Dete signe	d (Month	Day Year
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				C	ertificate of	of Death		Reg. No.		
Physici	an	Decedant's Name (First, Middla, L	ast)	CL	C		2. Dete of D Month		Year	3. Tima of Death
/Media		HIIEN L	ee	Shet	field		5_		96	1940
Examin	ner	4a. Facility Nama (If not institution, ga	iva street and number)			4b. City, Town, or	Location of Dea	,		,
		Dorchester	General	HOSP			Ridge			ster
Funeral			Sex 7. Aga 1 M 2 □ F	(In yrs. last birthd	Months Da			irth ay, Year)	9. Birthp	placa (State or Foreign
Director		Q1 1-30-1917	A	62 Yrs			11-2	7-33	Ge	orgia
P 8		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, Town or	Location				1	Od. Inside City Limits
L-2/22	5	Maryland Dorc	hester	East		MARRY	+			1 ☐ Yes 2 ☑ No
E Mary E	Director	10e. Street and Number	Mester	EUST	10f. Zip Cod	Marke	- 1	10g. Citizen of	What Cour	2012
を見る異	ā	**- 10	-1			1631		7		шуг
ws 23ss	era	11. Marital Status	12. Was Decedant E	enue			Specify Vac or N	14 Bac	e - Americ	en Indian
in the same	by Funeral	1 ☐ Navar Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 ☐ N	0	If Yas, specify C	of Hispanic Origin? (S Cuban, Maxican, Puer	to Ricen, etc.)	Bla	ck, Whita,	
Maryland 21215-0020 d 2 should be fised within 72 hours at th and Mental Hygiene. T is marked other than "natural", or traumetic event, the Medical Exams	by	3 ☐ Widowed 4 🕱 Divorced	If Yas, Giva Yaar or Dalas:		1 □ Yas 2 10/1	No Specify:		Specif	r. BI	lack
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Aarylar 2 should bu and Menta te merked numetic ev		19a. Informant's Name/Ralationship	(Type, Print)	19b. M	ailing Address (Str	reet and Number or R	ural Routa Num	ber, City or Town,	Stata, Zip	Code) 21613
		Lynette	TURNER	600	GREEN	wood Av	e. Apt.	201 Cami	DR da	e, MD.
Ore ges 1 if lies or oth		20a. Mathod of Disposition 1 ■ Burial 2 □ Cramation 3 l	TRamoval from State	20b. Place of Di	sposition (Name of crematory or other	f	Data	20c. Location	City or o	own, Stete
Page Page ment of uny or		4 Donstion 5 Othar (Spec		Bett	iel Cem	etery	5/11/96	CaMb	orido	PMD.
Baltimore, permit. Pages 1 a Department of Hea important: If them any injury or othe ance.		21. Signeture of Funaral Service Lice	nsaa		22. Name end Ad	idrass of Facility			J	7
m 89788		Janelle C	Sterry)		Funera		bridge, N	10001	100 2 2161
		23a. Par 1. Enter the disaase, or con spock, or haart failure. List only	nplications thet ceused	daath. Do not	antar the mode of	dylng, such as cardia	c or raspiratory	arrast,	lary	Approximete
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Box 68760, eath certificate be executed ettending physicien end 1 for use as the buriel-transit	3		a Periph	eral V	asula	F /180	ax			1 Month
The law requires that the death on the law requires that the death or the been signed by the ettend page 2 should be deteched for us	Physician	B	•				1			
P.O.	hys	Part II. Other significant conditions	contributing to death but	not rasulting in the	a undarlying cause	givan in Part I.				the cause of death?
that	by P						13	Yss 2□ No	3 Prot	bably 4 ☐ Unknown
COFCIS requires been sig should b								s an autopsy	24b. W	ara sutopsy findings ailabia prior to
aw requ	Completed						per	formad?	COI	mplation of ceuse daath?
He law	E O						10	Yes 2 No		Yas 2 No
f Vital Re yalclan: The la is certificate he director, page	BeC	25. Was casa raferred to medical				26 Place of De	ath (Check only			2 180 25/10
ysick is cer	ToB	axaminar? 1 ☐ Yas 2 TNo	Hospital: Inpatien	t 2 ER/Outpa	tient 3 DOA	Other		sidanca 6 Oth	ar (Specif	iv)
VISION Of VITA Attending Physician: or death. actor: After this certific. by the funeral director,		27. Mannar of Death	28a. Data of Injury (Month, Day			njury at Work?	T	how injury occur		,,
SION O tending Ph leeth. tor: After th the funeral	atio	1 Natural 5 Pending 2 Accident invastigation		Year) Injur		1 ☐ Yes 2 ☐ No				
DIVISION Of VITAI RECORDS, or Attending Physician: The law requires thater deeth. Director: After this certificate has been signe in by the funeral director, page 2 should be or a shoul	tific	3 ☐ Sulcida 6 ☐ Couid not I 4 ☐ Homicida datermined	28a. Placa of Injurbuilding, etc.	y - At homa, ferm,	straat, factory, offi	ica	28f. Location	(Street and Numb	per or Rure	el Routa Number,
Division To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funeral	Certification:		building, old.	(Opoony)			Oily or V	Juni, Otalay		
t hou uner uner		29a. Cartifiar Certifying Pi	nysician: To the bast of miner: On the basis of a	my knowledge, de	eth occurred et the	a tima, data and plec	e, and dua to the	cause(s) and ma	anner as st	teted.
the hin 2, the print of the pri	Medical	Grey S	and mannar stet	ed.			Uniou at the time			
5 1 × 5 0	2	29b. Signature and titla of certifiar		~		ansa number		29d. Date signe	d (Month,	Day, Year)
		William	1 Son	-	L	14323P		211	96	
		30. Nama and addrass of person who	complated cause of dea	-	/ / (Car	nbodd	00 0	1/	21613
		William (5	air 1	9 Train	iklin dt	. car	1100/0	90, 11	14)	01612
Stat Registra	_	31. Date filed (Month, Day, Year)	32. Registrer	Signatura	.1.1					



(E) S Though
	mit. Pages
	permit.

be detached for use as the burial-transit retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 funeral director, page 5 should notified 2 è must examiner cuted within 24 hours after death. Parid completely filled in by the funeral curial, cremation, or removal. medical the state event. certificate be executed n and com to burial, traumatic attending physician a ental Hygiene prior to 6 the after signed by the Health and N any t, of has be Dept. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNEPAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Nem 23:

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 1996 GEORGE WILLIAM STEVENSON MAY 5:30 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 0 CT. 19, 1931 215-26-6990 1 X M 2 - F 64 MARYLAND YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MEMORIAL HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 106. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? MARYLAND ALLEGANY CUMBERLAND 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 80 AUBURN AVENUE 21502 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1951 - 1955 ВY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) SAL'ES REPRESENTATIVE ADVERTISING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES G. STEVENSON LAURA A. HOLLER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 (JENKINS) STEVENSON ELLEN 80 AUBURN AVENUE - CUMBERLAND, MD toa. METHOD OF DISPOSITION

I ☑ Burlat 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 5/6/96 Donation 5 Other (Specify) GAP -ROCKY FLINTSTONE. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE-UPCHURCH FUNERAL HOME, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 202 GREENE ST. CUMBERLAND, MD Approximate interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition Acute Renal Failure reaulting in death) Mar.1996 DUE TO (OR AS A CONSEQUENCE OF Advanced Refractory Multiple Myeloma Apr.1991 CERTIFICATION Sequentially list conditiona, If any, leading to immediate . Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Chronic Obstructive Pulmonary Disease COMPLETION OF CAUSE 1 - YES 2 100 OF DEATH? Transitional CA of Bladder 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Rasidencs 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural М 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide determined 29e. CERTIFIER COMPL 1 DCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) MD D 23371 ▶ May 2,1996 9 QAMAR ZAMAN, M.D., 625 KENT AVENUE, SUITE 102, CUMBERLAND, MD 21502 31. DATE FILED (Month, Day, Yes REGISTRAD'S STONATURE RONAUL

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

15568

					Ce	rtificate o	f Death		Reg. No.		
			1. Decedant's Nama (First, Middla, La	st)				2. Date of De	ath	Maria	3. Time of Death
	hysici:		MINNIE EL	IZABETH	SPANGLER			Month May 5	Day 1996	Year	2:15 A
	/Medic xamin		4a. Facility Name (If not institution, give				4b. City, Town, or I	-		of Death	
			Memorial Hospit	a 1			Cumber1ar	nd	Δ1	legar	137
Fur	neral		5. Social Security Number 6. 9	Sex v 7. As	ge (In yrs. last birthday		ar If Undar 24 Hrs.		th Year) 905	9 Birthr	place (State or Foreign
	ector		218-48-9293	I M 20 F	90 Yrs.	Months Day	S Hours Will.	Sep 1	4, 1905	WY	my)
ъ.			Usual Residence of Decedent								
frylar show	10	_	10a. Stata 10b. County	_	10c. City, Town or L					1	10d. Inside City Limits X☐ Yes 2☐ No
E #) 8	all la	5	MD Allegany	′	Cumber						
L 6/	2	늅	10e. Street and Number			10f. Zip Code			10g. Citizen of		itry?
4	뵱	Funeral Director	515 Caroline Str			2150			USA		
ter dea	J.	un n	11. Marital Status	12. Was Decedent Armed Forces? 1 Yes 2	Ever In U,S. 13.	Was Decedent of It Yes, specify Cu	f Hispanlc Origin? (S Jban, Mexican, Puert	pecify Yas or No o Rican, etc.)	Blac	ck, Whita,	etc.
20 rs aft	5 🖺 .	by F	1 ☐ Nevar Married 2 ☐ Married **Divorced	It Yes, Give Year or Dates:	No	1□ Yes Ž□ N	o Specify:		Specifi	/: Ya	hite
15-002 72 hours	9	8	15. Decedent's E		16a Dece	dant's Usual Occ	unation		16b. Kind of B		
215 57 m		Be Completed	(Specify only highast gra	ida completed)	(Give	kind of work don DO NOT usa rati	na during most of wor red)	rking	TOD: TUNG OF B	001110001111	addity
212 I with	2	E 0	Elementary/Secondary (0-12)	Cottege (1-4or	Homema				Own Ho	me	
D ##	J.	0	17. Fathar's Nama (First, Middla, Last)	,		18. Mother's Nan	ne (First, Middla	, Maidan Suman	na)	
la be sente	o o	ToB	Robert T. Hare				Grace (Fawver)			
Maryland 21215-0020 d 2 should be filed within 72 hours after the and Mentel Hygiens. 7 is marked other than "naturel; or its	trsumatic event, the M		19a. Intormant's Name/Relationship (Type, Print)	19b. Mail	ing Address (Stre	et and Number or Ru	ıral Routa Numb	er, City or Town,	Stata, Zip	Code)
□ = □ = □ = □ = □ = □ = □ = □ = □ =	tr.		William Spangler	son	515	Caroline	Street;	Cumberla	and, MD	2150	02
or Health	other		20a. Method of Disposition		20b. Place of Disp	osition (Nama of matory or other p	lace)	Date	20c. Location -	City or To	own, Stata
Page Page	ry or		14 Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif		Davis Mer			05/07	Cumber	land,	MD
Baltimore, permit. Pages 1 an Department of Heal	any injury or once.		21. Signature of Funeral Sarvice Lice	1988 /	,, 2	2. Nama and Add	lress of Eacility Li Funera	1 II-ma			
<u> </u>	E 8		1 (// gran 7	2 das	2011.			21502			
			23a. Part1. Enter tha disease, or com shock, or heart tailure. List only	plications that cause	d the/death. Do not en				rrest,	1	Approximate Interval Batween
Physic	cian	1	snock, or near tallure. List only	one cause on each II	ine. •	1	0-		^		Onset and Death
/Med	dical	Н	Immediate Cause (Finat disease or condition	Chry	mic () bsd	ruch	o Re	Ilm	1	011
Exam	- 1		resulting In death)	e	Due to (or as a conse	quence of):		-		3	, 10
D	÷.	iner	_	.			0			1	
cords, P.O. Box 68760, requires thet the deeth certificate be axecuted and signed by the attending physicien end	s the bunel-transit	Examiner	Sequentially list conditions,	D	Due to (or as a conse	quenca ot):				1	
60, % ax	ounie		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C						- !	
68760, ricate be a	å.	edicai	that Initiated evants resulting in death) Last		Due to (or as a conse	quence of):				İ	
X 6	0	2		d						į	
BO)	for us	Physician/								1	
P.O.	detached	iysi	Part II Other significant conditions of	ontributing to death b	out not resulting in the u	inderlying cause	given in Part I.	23b. Did			o the cause of death?
thet if	be deta		Malens	dem	~ Hen	8 10	10	and a	Yes 2 No	3 Pro	bably 4 Unknown
des ulras	d be	d by						24a. Was	an autopsy	24b. W	ere autopsy tindinga
COL v requ	should	Completed							ormed?	av	railable prior to impletion of ceuse
I Rec	page 2	mo							N.		death?
Vital liclen: The	or, pa		25. Was case reterred to medical					10		11.	☐ Yes 2☐ No
	director,	To Be	examiner?	Hospitel:	ent 2 ER/Outpatie	nt 3□ DOA	26. Place of Dea			(0	E.1
Phys r this	-		27. Manner ot Death	1 Inpatie	ry 28b. Time o				denca 6 Oth		у)
Vision Attending in deeth.	e fune	27. Manner of Death Natural 5 Pending invastigation 2 Accident 3 Sulcide 4 HomIcide 4 HomIcide 28e. Date of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28c. Injury at Work? 1 Yes 2 No No Yes 2 No									
Division or Attending effer deeth. Director: After	th th	HC	3 Sulcide 6 Could not be determined	28e. Place of Inj	ury - At home, farm, st	reet, factory, offic	е			oer or Rura	al Routa Number,
in a series	i pe	E E	- I Homode	building, et	c. (Specify)			City or To	wii, Stata)		
Hospital 24 hours Funeral	ly fill		29a. Certifier Certifying Ph	ysician: To the best	ot my knowledge, deat	h occurred at the	time, date and placa	, and due to the	cause(s) and me	enner es s	tated.
Division To the Hospital or Attend within 24 hours effer deed To the Funeral Director:	completely filled in by the	ledicai	orge)	and manner st	f examination and/or Ir ated.	ivesugation, in my	opinion, death occu	med at the time,	чан апо ріаса,	and due to) Inter Cause(s)
To the Within 2	00	Σ	29b. Sunature and title of certifier			29c. Lice	nse number		29d. Date signe	d (Month,	Day, Year)
6			Jun t	nc		D 1	2779		May C	199	16
TIL			30. Name and address of person who	completed cause of d	leath (Item 23a) (Type	Print)					
1400			Dr. Guy Fiscus	Memorial 1	Hospital M	edical B	ldg. Cumbe	erland.	MD 2150	2	
	Stat		31. Date tiled (Month, Day, Year) MAY 0 6 1996	32, Registr	ar's Signature						
Re	egistra	il.	MMI VU 1330	A The same							

FOR 1 STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIFIC	CATE	OF DEA	TH	F	REG. NO.		
1. DECEDENT'S NAME (First, M.	iddle, Last)							2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH
STANLEY L. S								MAY		996_	6:15 A M
4. SOCIAL SECURITY NUMBER 210-05-8341		5. SEX 1 X M 2 - F	6. AGE (In yrs. Id		IF UNDER 1 Y	EAR IF UNDI	MIN.	7. DATE OF (Month, De		Coun	HPLACE (State or Foreign try) INSYLVANIA
9e. FACILITY NAME (If not instit		reet end number)	70		9b. CITY, 71	OWN OR LOCA	TION OF DI			OUNTY OF I	
1120 SIMPSON					LA	VALE				ALLEC	ANY
10e. STATE	0b. COUNTY			10c, CITY,	TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?
MARYLAND	ALLEC	GANY		LA	VALE						1X YES 2 NO
10e. STREET AND NUMBER						10f. ZIP CO	DE		10g. (CITIZEN OF	WHAT COUNTRY?
1120 SIMPSON	AVE.					2150)2			USA	
11. MARITAL STATUS 1 Never Married 2 X Me	erried	12. WAS DECEDEN	T EVER IN U.S. A		If y	es, specify Cut	en, Mexica	in, Puerto Rice	specify Yea or No- n, etc.)	- 14, RAC Blac	E — Americen Indien, ck, White, atc.
3 Widowed 4 Divorce			KOREAN		1 [YES 2 X NO) Specif	y:		Spec	white
	ENT'S EDUC	ATION	16a. D	ECEDENT'S U	SUAL OCC	UPATION		16b, KI	ND OF BUSINESS	INDUSTRY	WILLE
(Specify only h Elementary/Secondary (0-12		College (1-4 or 5	- ti	ia. Do NOT use	retired.)	ing most of worl	ung				
12		2		SUPER	VIS01	R			GLASS		
17. FATHER'S NAME (First, Midd	lle, Last)					18. MO	THER'S NA	AME (First, Midd	lle, Meiden Surnam	•)	
JOHN SLIVIA								A SLIV			
19a. INFORMANT'S NAME (Type	/Print)								City or Town, State,		
EVA SLIVIAK 20a, METHOD OF DISPOSITION							, LA	VALE,	MD 21		Paris Bara
1 K Buriel 2 Cremetion Donetion 5 Other (S	3 🗌 Remo	oval from State	cemetery, c	AND DATE OF remetory or oth	er place)						
21. BIGUATURE OF PUNERAL	_	ENGER	SUNS	el Mem		ME AND ADDE			COMBER	LAND,	MARYLAND
Al Down	1	Y F	Lay,	1	HAI	FER CHA	APEL	OF THI	E HILLS	MORTU	JARY
	Jans		1	\sim					LA VALE		
23. PART i. Enter the distance, or hea		Liet only one ca			on enter tr	e mode of d	ying, suc	ch as cardiac	or respiratory	arrest,	Approximata interval Batween
iMMEDIATE CAUSE (Final disease or condition		Marry III	T WHOOT								Onset and Death
resulting in death)			I VESSE								5 YEARS
			RE ISCH			OMYOPA	ТНҮ				2 YEARS
Sequentially list condition if any, leading to immedia cause, Enter UNDERLYIN	ete	U	O (OR AS A CONS								
CAUSE (Disease or injury that initiated events	1	DUE TO	OR AS A CONS	EOUENCE OF)							
resulting in death) LAST		d									
PART ii. Other eignificent	condition	a contributing to	death but not	resulting in	the und	eriving ceus	given in	Part I. 24	In. WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS
		_		- 11-1					PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
								— '	TES 2 NO		OF DEATH?
DID TOBACCO US	E CONTI	RIBUTE TO CA	AUSE OF DE	ATH YES	S □ N	O X UN	CERTAI	ND			1 1 123 2 1 110
25. WAS CASE REFERRED TO				ACE OF DEATH							
EXAMINER?		HOSPITAL: 1 Inpetient 2	☐ ER/Outpatient		OTHER: 4 \(\text{Nursing} \)	g Home 5	Residence	6 Other (S	Specify)		
27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)	28b. TIME		6c. INJURY AT		26d. DESCR	IBE HOW INJURY	OCCURED	
1 Natural 5 Pe	ending restigation				М	1 YES 2	□ NO				
	ould not be termined		OF INJURY — At I I, atc. (Specify)	home, farm, at	reet, fector	y, office			ON (Street and Nur Town, State)	mber or Rural	Route Number,
29a. CERTIFIER (Check only	YING PHYSI	CIAN: To the best of	f my knowledge,	death occurred	d at the tim	e, data end pla	ca, and du	e to the cause	(a) and <i>man</i> ner as	stated.	
one) 2 MEDIO	EXAMINE	R: On the besis of	examination end/o	or Investigation	, in my opl	nion, death oc	cured at the	e time, date en	d place, end due t	to the cause	(a) end manner ea stated.
296. SIGNATURE AND TITLE O	CERTIFIE	7				290-4	CENSE NU	IMBER	29d.	TE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF I	PERSON WH	O COMPLETED CAN	USE OF DEATH (IT	EM 27) (Type,	Rrigt)		<u>)/(r (</u>	141		141	15, 1994
31. DATE FILED (Month, Day, Ye	m5,	MD	Memory are signature	RIGI /	//ED	CHR	CM	MIS	LAND, 1	D	21502
MAY 0 7	1996		Audion-Ro	rdall							

DIVISION OF VITAL RECORDS, P.O. BOX 68/bt.

On the HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

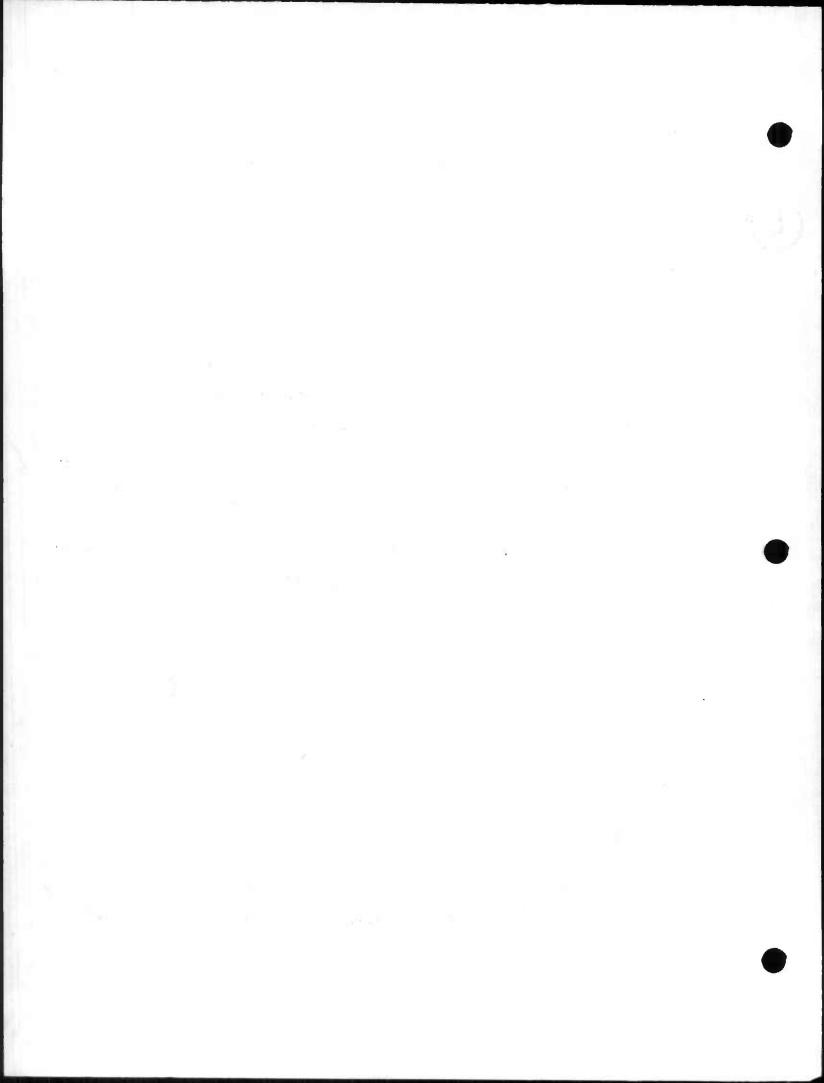
To the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit purple filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of I	Health and Mental Hygiene
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					Cen	tificate of	f Death	F	Reg. No.			
Obveision		I. Decedant's Nama (First, Middla, La	ist)					2. Data of Dea Month		Yaar	3. Tima of Death	
Physician /Medical		MARGARET	LORETTA		SCE	IIVER	,	MAY	4 1	996	2:00 A	
Examiner	4	a. Facility Nama (If not institution, given	va straat and number)				4b. City, Town, or L		4c. County	of Death		
		SACRED HEART H		a (In yrs. la	nt hidhdaid	If Undar 1 Yaa	CUMBERI ar If Undar 24 Hrs.	AND 8. Data of Birth		EGANY	1000 (Canan on French	
uneral irector			1□M 2ਊF	1	Yrs.	Months Day		JULY 20	r, Year)	MARY	laca (Stata or Foreign try) LAND	
No. W	1	0a. Stata 10b. County		10c. City,	Town or Loc	ation				11	0d. Inside City Limits	
to the start of th		MARYLAND ALLEG	ANY	FROS	TBURG						1 □ Yas No	
be notified	1	0e. Street and Number				10f. Zip Coda			10g. Citizen of	What Coun	try?	
		10513 BORDEN ROAD	, NW				532		U.S			
Examiner must by Funeral	5	1. Marital Status 1. Navar Marriad 2. Married 3. Widowed 4. Divorced	12. Was Dacedant Armed Forcas? 1 ☐ Yas 2 ☐ N If Yas, Giva △ Yaar or Datas:			'as Decedant of Yas, specify Cu □ Yas 2√2 N	Hispanic Origin? (Spinant) Hispanic Origin? (Spinant) Hispanic Original Specify:	pacify Yas or No- Rican, atc.)	14. Rad Bla Specif	ck, Whita, by: WH		
rt. the Medical		15. Decedant's Ed (Specify only highast gra	ducetion		16a. Decede	ent's Usual Occ	upation a during most of work red)	cina	16b. Kind of B	usinass/ind	lustry	
a du		Elementery/Secondary (0-12)	College (1-4or 5	i+)			red)	9				
		11			COC	OK				AURAN	T	
To Be	5	7. Fathar's Nama (First, Middla, Last,					18. Mothar's Nam		Maidan Sumar	na)		
To To		CHARLES BL					MARY					
r trau	- 1	19a. informant's Name/Ralationship (MILTON SCHIVER	/SON		10513	BORDEN			mber, City or Town, State, Zip Code) TBURG, MD 21532			
or othe	2	Oa. Mathod of Disposition 1 □ PBurial 2 □ Cramation 3 □	Ramoval from Stata	cen	natary, cremi	ition (Nama of atory or othar p	/	Data	20c. Location			
Injury		4 □Donation 5 □Othar (Specif	(y)	FROS	TBURG	MEMORI	AL PARK 5/	6/96	FROSTBU	RG, M	D 21532	
been signed by the ettending physician and should be deteched for use as the burlel-trensit and page should be deteched for use as the burlel-trensit and page 1 pa		23a. Part 1. Enter the disease, or com shock, or heart feliura. List only mmediate Cause (Final disease or condition resulting In death) Sequentially list conditions, fany, leading to immediate beuse. Enter Underlying Lause (Disease or Injury het Initiated avents esulting In death) Last	a. Let b. Co c. d.	Due to (or a	MM 5 as a consequence as a consequence as a consequence as a consequence	aferiance of): Sculfa ance of): ence of):	lectasi Azi	iden	/		Interval Between Onsat and Death Zweeks Zweeks	
hysi		Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributing to death but not resulting in the underlying ceuse given in Part I.									the cause of death?	
by P		(Ongoshve	Tour	F	all	une		, , ,	22110	0_1102	ably 4 divisioni	
v Q.		Amal	Flbvil.	latt	001			24a. Was a pertor	an autopsy med?	cor	ara autopsy findings allable prior to appletion of ceuse death?	
								1 🗆 Y	as 20No	10	Yas 2 No	
Be		 Was cesa rafarred to medical axaminar? 	Monital				28. Placa of Dea	th (Check only o	na)			
To To		1 ☐ Yas 2 ☐ No 7. Mennar of Death	Hospital:		R/Outpatient	3LI DOA		oma 5 Rasid			1)	
ion i	-	Natural 5 Panding	28a. Data of Injur (Month, Day	Year)	8b. Tima of Injury	28c. Inj W	ork? ☐ Yas 2 ☐ No	28d. Dascribe h	ow injury occur	rea		
led in by the funera Certification:		2 Accidant Invastigation 3 Suicida 6 Could not be detarmined	e 00- Dian-effet	ury - At hom c. (Specify)	e, farm, stree			28f. Location (S City or Tow	itreet and Numi n, Stata)	ber or Rura	l Routa Number,	
To the Funeral Director: A completely filled in by the fi		Pa. Cartifiar (Check only one) 1 ☐ Certifying Ph	yaician: To the best on niner: On the basis of and mannar sta	axeminatio	edga, daath o n and/or inve	occurred at the estigetion, in my	tima, data and place, oplnion, deeth occur	and dua to tha c red at the time, c	eusa(s) and m dete and place,	annar as st and dua to	ated. tha ceuse(s)	
Ne Me		9b. Signature and filling certifier	0/1	7		29c. Lica	nsa number	2	29d. Data aigne	d (Month, i	Day, Year)	
		Vilama	6/4	41/1	111 11	11 /	10 35/3	5	MAY	6	1996	
8		O. Name and address of norson who	enmolated cause of	fath (Item ?	(3a) (Turn D				THE		1770	
3	3	Name and address of person who	complated causa of d	eath (Itam 2	3a) (Type, P		erland		7/50	34	1770	

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

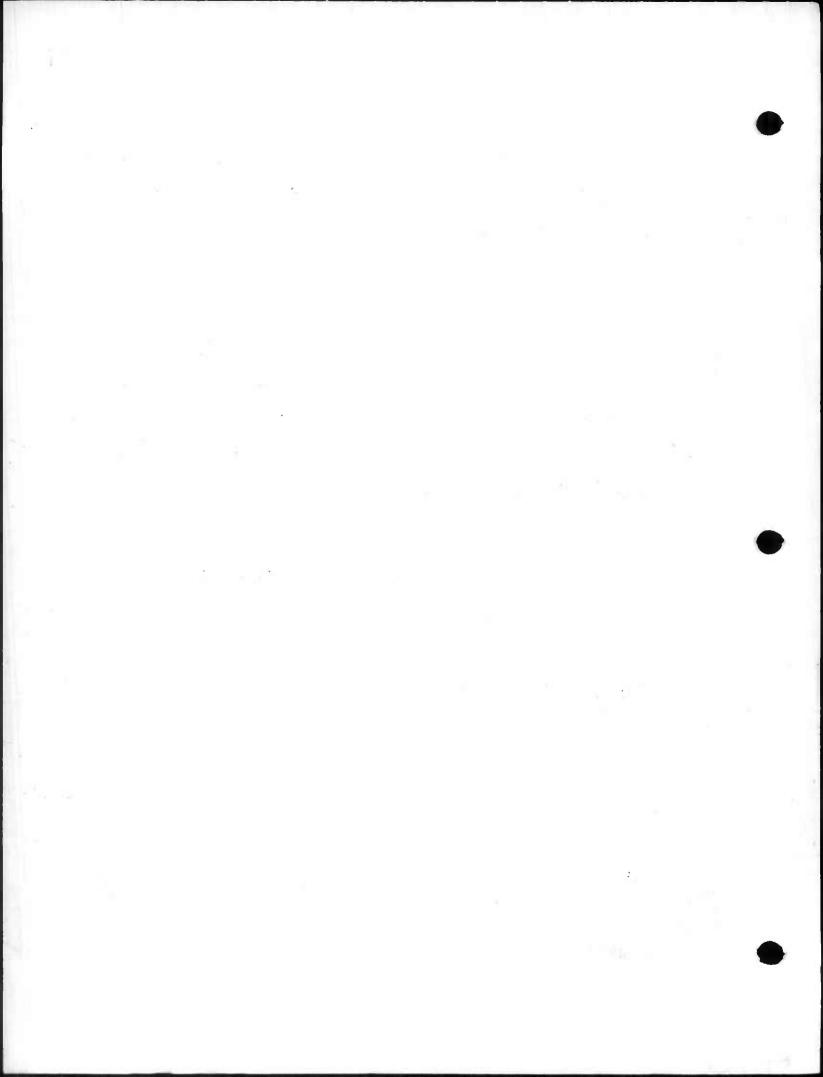
	1 - STATE REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	Grace Anna TE	EACH				MAY 9	199	1000	10:10PM		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bi		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign	
	220-28-3447	1 🗌 M 2 💢 F	93	YRS.	THS DAYS	HOURS MIN.	Nov.1,190	2 1		land	
	9a. FACILITY NAME (If not institution, give str			9b.	CITY, TOWN	OR LOCATION OF DE		9c. COUNTY			
8	Ravenwood Luthera	n Village			Hagers	town		WASH	NGT	ON	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY										
		chinatan		,	WN OR LOCA				10	0d. INSIDE CITY LIMITS?	
۱ ۲	· · · · · · · · · · · · · · · · · · ·	shington		WII	liamsp					YES 2 NO	
₹	18 N. Vermont S	+			10	. ZIP CODE		17.		AT COUNTRY?	
FUNERAL DIRECTOR						21795		USA			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EX	YES 2 NO	0		ENDENT OF HISPAN ocity Cuban, Maxicar	IC ORIGIN? (Specify Yea i, Puarto Rican, atc.)	or No- 14	RACE - Black, V	- American Indian, White, atc.	
B	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 NO Specify	:		Specify:	1.11. 1. d	
	15. DECEDENT'S EDUC	ATION	16a, DECE	DENT'S USU	AL OCCUPATION	ON .	16b, KIND OF BUS	INFSS/INDIES	TRY	White	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work NOT use ret	done during mo	st of working					
7	8	conege (I-4 or 3+)	Ro	Her			Silk L	abel N	Manufacture		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1.0	1,101		10. MOTHER'S NAM	ME (First, Middle, Maiden				
BEC	Carlton	Christian	Me	ntzer		Ann	a Elizab	eth	Meto	calf	
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. A	ALLING ADD	DRESS (Street a	nd Number or Rural R	loute Number, City or Town	n, State, Zip Co			
ĭ	J. Elwood Teach			1360	0 Para	dise Dr.	Hagerstow	n,MD 2	1742	2	
	20a, METHOD OF DISPOSITION	uni trom State	20b. PLACEANE				OATE 20c. LO	CATION — City	or Town	ı, Stata	
ij	4 Donation 5 Other (Specify)	vai irom state	Green	awn m	emoria	l Park	5/13 Wil	liamsp	ort.	,MD 21795	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /				ID ADDRESS OF FAC					
	> //left /M	Vator	,		P.0.B	NE FUNERA ox # 348	AL HOME Williams	port M	ID 2:	1705	
	23. PART I. Enter the diseases, or co	omplications that ca	used the deati	h. Do not e				ratory errest	0 2	Approximata	
- 1	shock, or haart failura. L iMMEDIATE CAUSE (Final	iat only ona ceuse.	on each line.	1		11			*	Interval Between Onset and Deathy	
	disease or condition		DARILL MILLITUS						week	7 111 Years	
	resulting in death)	DUE TO (OR AS A CONSEDUENCE OF):								fre	
z			Mu	INV	tun	d W	peetur			381	
CERTIFICATION	Sequentially list conditions, If any, laeding to immediata										
5	cause. Entar UNDERLYING CAUSE (Disease or Injury										
=	that initieted events resulting in death) LAST	DUE TO (OR	AS A CONSEDU	ENCE OF):							
Ħ Ħ	d										
- 11	PART II. Other algorificant conditions	contributing to de	eth put not res	ulting in th	na underiyin	cause given in i				PERE AUTOPSY FINDINGS	
JICAL	Mionic Ps	trutue	line	allu	aw	, Sahu	PERFOR		C	WAILABLE PRIOR TO COMPLETION OF CAUSE	
- 1	Assaider	S.	/		/	/		_ NO		F DEATH?	
-	~						_				
3	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (Che	ck only one)				
2	EXAMINER?	HOSPITAL:	VOutpatient 3	DOA 42	HER:	e 5 🗌 Rasidence	8 Other (Specify)				
PHYSICIAN: ME	27. MANNER OF GEATH	28s. DATE OF INJ (Month, Day,)		Sb. TIME OF	28c. IN.		28d. DESCRIBE HOW I	NJURY OCCUP	EO		
5	1 Natural 5 Pending 2 Accident Investigation	(, 55)				rES 2 NO					
	3 Suicide 8 Could not be	28a. PLACE OF IN building, atc.	JURY — At home (Specify)	, farm, street	t, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number or	Rural Rou	rte Number,	
<u> </u>	4 Homicide determined					-	ony or lown, dialoy				
291. LOCATION (Street and Number of Rural Houte Null Light Homicide 4 Homicide 4 Homicide 292. CERTIFIER (Check only) 293. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(s) and manner as stated. 294. CERTIFIER (Check only) 295. LOCATION (Street and Number of Rural Houte Null City or Town, State) 296. CERTIFIER (Check only) 297. LOCATION (Street and Number of Rural Houte Null City or Town, State)											
									euse(s) a	nd manner as stated.	
ה כ	296. SIGNATURE AND TITLE OF CERTIFIES	1				29c. DCENSE NUM	BER	29d, DATE S	29d. DATE SIENED (Month, Day, Year)		
ן מ	SAMUEL CU	ew				0366	55	D 31	101	06	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	DE DEATH (ITEM 2	7) (Type, Prin	e)			1	1	14	
	1181 MT /16	TNA IM	ン								
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S			-						
	MAY 1 0 1991	6 Jahrida	release Ren	lath							
	W// 11	U								DHMH.16 Day 1/90	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within— hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				,	Certificate of	Death		Reg. No.	20	100/2
		1. Decedent's Neme (First, Middle, La	st)				2. Data of De	eath		3. Tima of Death
Physic /Medi		Amelia Jean TAYL	OR				Month	111 Dey GO	Yaar	12:45 p.m.
Exami		4a. Facility Name (If not institution, giv	e street end number)			4b. City, Town, or	Location of Dear	h 4c. Count	y of Death	
		Washington Count	y Hospital			Hager	stown	W	ashin	gton
Funeral Director		5. Social Security Number 6. S 232-13-9792	ax 7. Age (I	n yrs. iast bin	thdey) If Undar 1 Year Months Deys			th ay, Year) 5, 1972	9. Birthpli Count West	ace (Steta or Foreign try) Virginia
DU B TH		10a. Stete 10b. County	10	Oc. City, Town	or Location				10	Od. Inside City Limits
	6	Maryland Washi	ngton	Hage	rstown					1∭ Yes 2□ No
Es Ma	Director	10e. Street end Number	8-0-1		10f. Zlp Code			10g. Citizen of	What Count	to?
上が		420 West Frankli				21740		US	A	
0020 curs prior do rrar, Se Hams	d by Funeral	11. Meritel Stetus 1 □ Never Married 2 ☑ Merried 3 □ Widowed 4 □ Divorced	12. Was Decedent Eva Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Giva Yeer or Dates:	er In U,S.	13. Was Decedent of I If Yas, specify Cub 1 ☐ Yes 2 🖔 No		Specify Yes or Norto Rican, atc.)	Specif	ce - Amarica ock, Whita, e	
Maryland 21215-0026 of 2 should be filed within 72 hours in th and Mental Hygiene. 7 is marked other than "natural, by traumatic event, the Medical Exam	Completed	15. Decedent's Ed (Specify only highest gre	de completed)	16e.	Decedent's Usuel Occup (Give kind of work dona life. DO NOT use retire	pation duning most of wo d)	orking	16b. Kind of B	usiness/Ind	ustry
Paragan H	mo	Elementary/Secondary (0-12)	College (1-4or 5+)		homemake			her ow	n	
D SEE	Be C	17. Fathar's Neme (First, Middla, Last)		,		18. Mother's Ne	me (First, Middle	, Meidan Sumai	na)	
/lar	TOE	William S. Pearr	e11			Barbar	a Jean I	anham		
ary Story		19a. Informent's Neme/Relationship (Type, Print)	19b.	Meiling Address (Street	end Number or F	lural Route Numb	er, City or Town	, Stete, Zip	Code)
- F = 64 F		Robert L. Taylor	Jr.	4:	20 W. Frank	lin St.,	Hagerst	own, Md	. 217	40
or care		20e. Method of Disposition		20b. Plece of cematar	Disposition (Nema of y, cramatory or other ple	ice)	Dete	20c. Location	- City or Tov	wn, Stete
Baltimore, semit. Pages 1 a separtment of Ne mportant: If them my injury or other cite.		1 ⊠ Buriel 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify	Delliover Holli State		Hill Cemeter		4-96	Hagers	town, N	Maryland
alt partition of the pa		21. Signeture of Funarel Service Licer	see -	1	22. Nama and Addra					
0 88558		DONA	Minne	ch	MINNICH FU				16.1 · ·	217/0
ALC: NO.		23a. Pert1. Enter the disease, or com shock, or heert feilure. List only	plications thet ceused the	death. Don	415 E. Williot enter the mode of dyl	ng, such es cerdie	oc or respiratory	rstown,		21740 Approximate
Physician /Medical		Immediate Cause (Final	One couse on each line.	, -	T ,					Interval Between Onset and Death
Examiner		disease or condition resulting in death)	Seperal	Minu to						
P #	ner	V	ARDS	to ldulas ayo	consequence di):	is how	Distree	1 bul	u Do	ey
68760, tificate be executed g physician and es the burial-transit	Examiner	Sequentielly list conditions, if eny, leading to immediate	Du	e to (or as a o	onsequence of):	1)	1	I Jew 14	(1.1
68760, ifficate be executed physician and es the burial-trar	edicai E	Sequentielly list conditions, if eny, leading to immediate ceusa. Entar Underlying Cause (Disease or Injury that initiated events	fruis.	10/00000	onsequence of):	nu	war	ma .	W.	iers
	Medi	resulting in death) Lest	Advance	el s	Comercial) la 1	um T	1.		9,00
Box auth cert attendin for use	Physician/M	7	200	7	and and	grum	1,0	year	4	Just
D. E e dea	SIC	Part II. Other algoriticant conditions of	ontributing to death but n	ot resulting in	the underlying cause give	ven in Part I.	23b. Did	tobacco use co	estribute to	the cause of death?
ords, P.O. Box requires that the death cer seen signed by the attendir hould be detached for use	by Phy	-	,		10 10.		10	Yes 2470	3 Probe	ebly 4□ Unknown
Per requirement	Completed							an autopsy omed?	avai	re autopsy findings itable prior to apletion of cause
2 8 8	jd L								of d	eath?
al F							10	Yes 25 No	10	Yes 2□ No
of Vital Rec Physicien: The lew rthis certificate has b	Be	25. Wes cese referred to medicel examinar?	Hospitel:		100	oor:	eth (Check only			
Phys ral di	.T	1 Yes No	28a. Dete of Injury	2 ER/Out	patient 3L DOA	4 U Nursing I	Home 5 Res	dence 8 Oth)
Division of or Attending Physical death. Director: After this I in by the funeral d	tou	Netural 5 Pending	(Month, Day Ye		ijury Woi	rk? Yes 2 □ No	28d. Describe	now injury occur	red	
Division or Attending effer death. Director: Afte	Ica	3 ☐ Suicide 6 ☐ Could not be		At home for	m, street, fectory, office	100 2010	28f Location	Street and Numi	her or Rural	Routs Number
Div	Certification:	4 Homicide determined	building, etc. (5	Specify)	m, and an indicary, annou			wn, Steta)	701 01 710101	Troota Trontoor,
Division of Vital Re To the Hospital or Attending Physicien: The is within 24 hours effer death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical (29a, Certifier (Check only one) Certifying Physics (Check only one)	ysician: To the best of m liner: On the basis of exe end mannar steted	aminetion eng	death occurred at the tin	me, dete end plece opinion, death occ	e, and due to the urred et the time,	ceuse(s) and m date end piece,	enner es sta end due to	ited. the ceuse(s)
withir To th	Me	29b. Signature and title of certifier	1.010	0	29c. Licens	se number		29d. Date signe	d (Mgrith, D	lay, Your)
		NI land	VSalla	UX,	DI	7188	7	3/13	19	6
	1	30 Marne and address of person who	completed cause of death	(Item 236) (Type, Print)	1000	2	DIY	1-65	
		MARTIN 6 GOL	sehEX TE	MD	111100/21	picall	funus	Dista	PERT	Two ms
Sta	te	Date filed (Month, Day, Year)	32. Registrer's		104	7.1		()	-17/1	
Registr	ar	MAY 1 3 19	196 Juida	under Ps	irelally					
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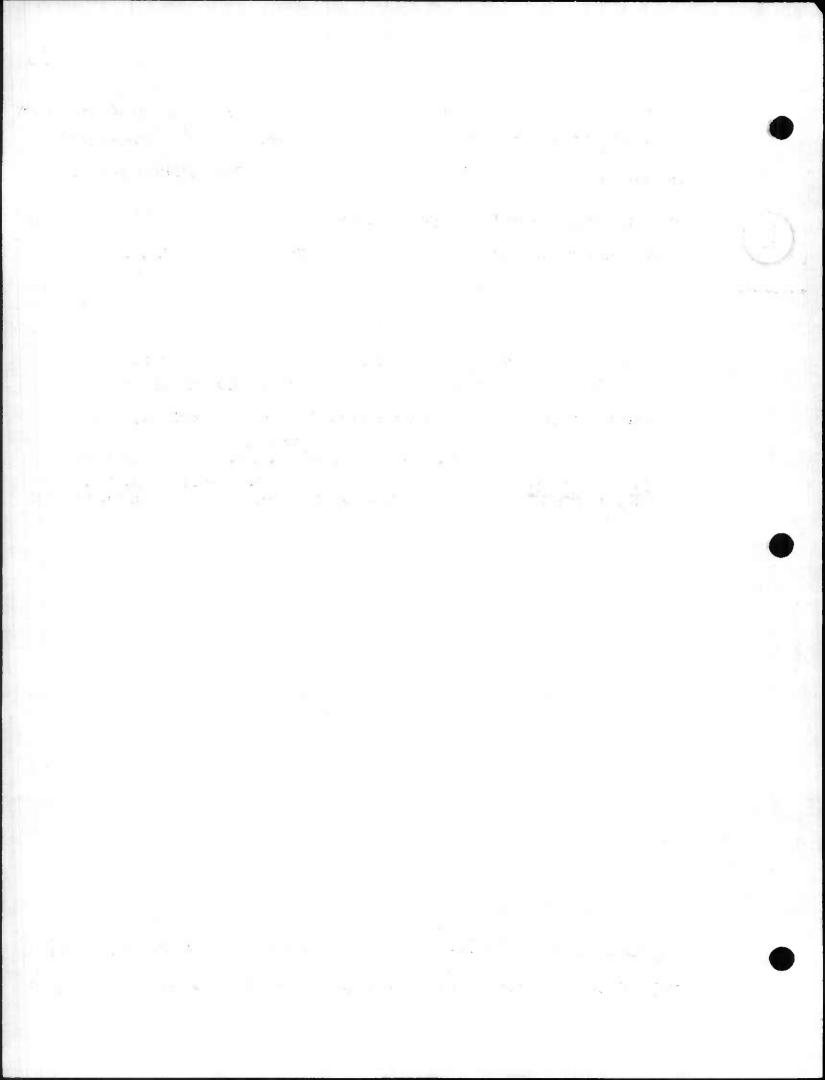
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State of Maryland / Department of Health and Mental Hygiene

Cartificate of Death

96

					Ce	ertifica	te of	Death			Reg. No.			
hysician		1. Decedant's Nama (First, Middla, L			/					2. Data of De Month	ath Day	Yaar	3. Time of Death	
/Medical		MARY Elle	en ,	TAM!	lor					MAY		996	12:53 A	
xaminer	4	la. Facility Nama [/] (If not institution, gi Southern Maryla							own, or Lo nton	ocation of Deat		y of Death ICE GE	eorge's	
eral ctor		6. Social Security Number 6. 212–24–4838	Sax 1□M 2HF	7. Aga (In 80	yrs. last birthday Yrs.	/) If Under Months	Days		24 Hrs. Min.	8. Data of Bir (Month, Da June 5	th. 1915	9. Birthp	olaca (Stata or Foraign	
	ı	Jsual Residence of Dacedant												
tor		Maryland Prince	George'		. City, Town or I Upper M		ro					1	1 ☐ Yas 2 No	
be notified Director	1	Oe. Street and Number				10f. Z	p Coda				10g. Citizan of	What Cour	ntry?	
	11	9910 Rosaryvil	10 Rosaryville Road 20772									U.S.A.		
y Funeral		1. Marital Status 1 Navar Married 2 Married	Armed F	2X No	In U,S. 13		/as, specify Cuban, Maxican, Puarto Ricen, atc.)			14. Ra Bla Specia	I. Race - Amarican Indian, Black, White, atc. Specify: White			
d by		3 Widowed 4 Divorced	Yaar or	Datas:							эреск	A. MII	ite	
Be Completed	-	15. Decedant's E (Spacify only highast gi Elementary/Secondary (0-12)	rada complatad	(1-4or 5+)	16a. Dec (Giv lifa.	edant's Use a kind of w DO NOT e	ual Occu ork done usa retin	ipation a <i>during</i> mos ed)	st of worki	ing	16b. Kind of E	Businass/In	dustry	
S	9	7th	N/2	A	Home	emake	r_				Hom			
To Be		7. Fathar's Nama (First, Middla, Las Benjamin Mo	rton	Tayma	n						, Maidan Sumai th Tayl			
E	19a. Informant's Name/Ralationship (Typa, Print) Kenneth Taylor 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State 9910 Rosaryville Road Upper Marlboro, M									, Stata, Zip , Md	20772			
any injury or other trau	2	20a. Mathod of Disposition 1 XBurial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Special Control of the Control		Stata S	p. Place of Disposition (Nama of cematary, cramatory or other place) May 14,1996 Thomas Episcopal Ch. Cem. 200c. Location - City or T									
any inju	1	21. Signature of Funaral Sarvice Lice	nogo,		1	22. Nama a	nd Addr	ass of Facili	ty Le	e Funeral Home, Inc.			IC.	
5 8	21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, M													
ian ical ner		23a. Part1. Enter the disaese, or con shook, or haart failura. List only immediata Causa (Final disaesa or condition resulting in death)	a	wra	to (or as a consi	es	2	On.	-te	m)	Tisia	1	Approximete intervai Between Onsat and Death	
an/Medical Examiner		Sequantially list conditions, fany, leading to immediate cuse. Entar Underlying Cause (Disease or Injury hat initiated awants asulting In death) Last	b		to (or as a conse			enove	sen	Xai L	Justa	21]75	
Physician	F	Part it. Other significant conditions	contributing to c	death but not	rasulting In tha	undarlying	cause g	ivan in Part	i.		tobacco use co		o the cause of death?	
by F														
Completed by Physician	-					-				24a. Was	an autopsy ormed?	8V CO	ara autopsy findings allabia prior to impletion of cause death?	
eged To										10	Yas 2 No	1[□Yas 2□ No	
Be		5. Was cesa rafarred to medicei axaminar?							a of Daath	(Check only	ona)			
ارة 1	L	1 ☐ Yas 2 No			2 ER/Outpatie		01		ursing Hor	ma 5□Rasi	dance 6 Ot	har (Specif	у)	
ation:	2	7. Mannar of Death 1 Natural 5 Panding 2 Accident Invastigation	n	of injury nth, Day Yea	r) 28b. Time injury	of M	28c. Inju Wo 1 [nnyat onk?]Yas 2□		28d. Dascribe	how injury occu	rred		
completaly filled in by the funeral director, pege Medical Certification: To Be Com		3 Sulcida 6 Could not to determined	28a. Piac build	e of injury - / ling, atc. (Sp	At homa, farm, s ecify)	treet, facto	ry, office	0	2	28f. Location (City or To		ber or Rura	al Routa Number,	
edical C	2	29a. Certifier (Check only one)	miner: On tha t	a best of my besis of axam	knowledga, dea nination and/or l	th occurred nvastigation	l at tha t n, in my	ime, date an opinion, das	d place, a	and dua to tha ed at tha tima,	cause(s) and m data and place,	annar as si	tated. the cause(s)	
Mg Mg	2	9b. Signatura and titla of certifiar				29	c. Lican	sa number			29d. Data signe	ed (Month,	Day, Year)	
		Thomas 2	Tr	elds	nont	7	DO	1192	3		# mo	11 11	,1996	
	3	0. Nama and addrass of person who	complated ceu	sa of death (Itam 23a) (Type	, Print)	11011-	a. An	1 6	2.	Less.	MA	, 1996 20613	
State	3	1. Data filed (Month, Day, Yaar)	32 1	Registrar's Si	ionatura	may	WIX	e KO	1, 10	1719NA	y wine	1.15	00013	
State egistrar	ľ	MAY 1 5	1996	Julia d	Mudsor R	rdall								



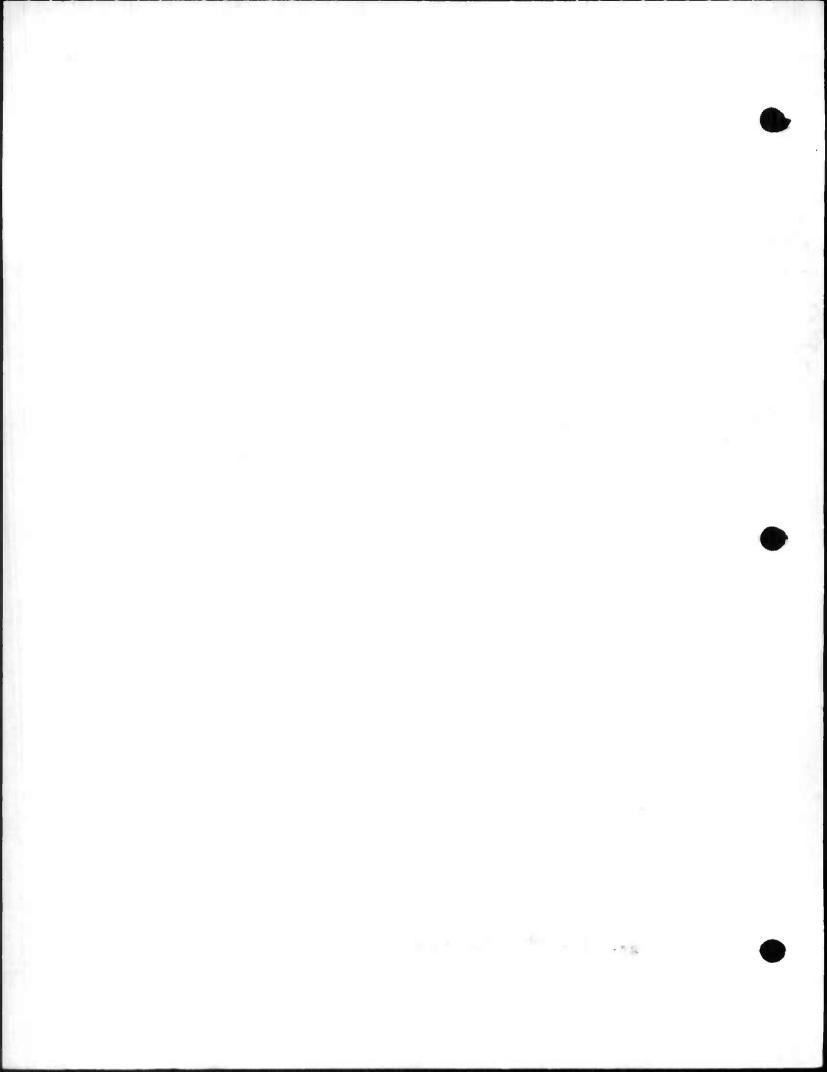
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	i in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1.2, 3 should removal.
IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	VERDA . ÆTHI	EL WILH	IDE		2. DATE OF DEATH	AY YE.	3. TIME OF DEATN			
	Verda Ethel.	VERDA ETHI) VIIII.			Mey 13					
	4. SOCIAL SECURITY NUMBER 5.	. SEX 8. AGE (1	in yrs. lest birthday)	IF UNDER 1 YEAR		7 DATE OF BIRTH	8. E	BIRTNPLACE (State or Foreign			
1	219-54-0018	□ M 2 🕱 F 9	9 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) MAY 10, 1	897 °	MARYLAND			
	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DEA		9c. COUNTY				
E I	FAHRNEY-KEEDY MEMO	DRIAT. HOME			BOONSBORO)		SHINGTON			
5	RESIDENCE OF DECEDENT	MITE HOLE			DOONSDONG		VVA	SUTINGTON			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
	MARYLAND WA	ASHINGTON		BOO	NSBORO			1 X YES 2 □ NO			
AL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	124 ORCHARD DRIVE				2171	.3		U.S.A.			
5		P. WAS DECEDENT EVER IN FORCES? 1 YES				ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			ecify Cuban, Mexican, 2 NO Specify:	Puerto Hican, atc.)		Specify:			
								WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	opieted)	(Give kind of w life. Do NOT use	ork done during me		16b. KIND OF BU	SINESS/INDUST	RY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	wie. Do NOT ass		770	1					
N N	17. FATHER'S NAME (First, Middle, Last)	1		HOMEMAK			OWN HON	ME			
	7 70					E (First, Middle, Malden					
BE	CALEB LONG 19a. INFORMANT'S NAME (Type/Print)		105 11411 1110	4000000 (O)		MULLENDOR ute Number, City or Tow					
2	A. MARIE CONRAD										
	20g METHOO OF DISPOSITION	l ans				HAGERSTO					
	1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from Stata Come	PLACE AND OATE O elery, cremetory or oth ONSBORO	r oisposition (Na	ime of	1	CATION — City				
	21. SIGNATURE OF FUNERAL SERVICE LICENS		ONSBORO				ONSBORC	O, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BAST FUNERAL HOME 7606 Old National Pik										
	Boonsporo, MD 21/13										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Final										
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
S	Sequentially list conditions, b.		entre		was						
E I	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
윤	CAUSE (Disease or Injury that initiated events	DUF TO (OR AS A	CONSEQUENCE OF	·							
E	resulting in death) LAST	ceres and any		,•							
CERTIFICATION	d										
DICAL	PART II. Other significent conditions co					ert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
음	Hopertern Co	ardionala	lan Din	ear A	me	1 YES 2		COMPLETION OF CAUSE OF DEATH?			
WE	Fibrilla Tim							1 YES 2 NO			
z	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	F DEATH YES	S ON C	UNCERTAIN	0					
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEAT								
Š		OSPITAL: inputient 2 ER/Output	itlant 3 DOA	OTHER: 4 Nursing Horr	e 5 🗆 Residence 6	Other (Specify)					
PHYSICIAN: ME	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME		URY AT 2	lad. DESCRIBE HOW I	NJURY OCCURE	D			
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be	26a. PLACE OF INJURY - building, etc. (Special	At home, farm, at	reet, factory, offic	2	181. LOCATION (Street a City or Town, State)	and Number or Ru	ural Route Number,			
COMPLETED	4 Homicide determined		"			Ony or lown, state)					
2 1	29a. CERTIFIER (Check only	1: To the best of my knowle	edge, death occurred	at the time, date	and piece, and due to	the cause(a) and men	iner as stated.				
8	0778) 2 MEDICAL EXAMINER: O							use(a) and menner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBI						
H	-12	satt mo			2(8015			NED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TN (ITEM 27) (Type.	Print)							
	Dr. Vasant Datta	334 Mill S			wn, Marvl	and 2174	0				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	90100	mir inty	21/7					
	MAY 1 4 1996	Felia Devotes	Karlell								
	MH1 4 2 1000	4									

DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 114 - Flood / Department of Health and Mental Hygiene 96

					Cen	tificate of	Death		Reg. No.		
	-5		1. Decedent's Nama (First, Middle, Las	()				2. Data of De			3. Time of Death
	nysici	_	Maurice Gora	Ion White	.1-			Month	Dey	996	12:00 PM
	Medic xamin	_	4a. Fecility Nema (If not institution, give	street and number)	, 01.		4b. City, Town, or				
E.	xamı	eı	11100 01	View Rd			n.		-		
			5. Sociel Security Number 6. Se		yrs. iast birthday)	If Under 1 Yaar	If Undar 24 Hrs	B Date of Bir	rea	crick	
	neral		4 4 4	M 2DF	/_/) Yrs.	Months Days	Hours Min	(Month, Da	y, Year)		ca (Stata or Foraign
Dire	ector		214 - 32 - 2745 Usuel Residence of Decedent		40			May 23	, 1935	Mar	yland
E 2			10a. Stete 10b. County	10c	. City, Town or Loc	ation		0		100	I. tnslda City Limits
£ £	b	5	m I C I	r r	-	4.0					1 XYes 2 No
-1	H	ect.	Maryland Freder	rick	reder						
-1	9	Directo	10e. Shape and Number			10f. Zlp Code			10g. Citizen of V	Vhet Country	<i>(1</i>
L 6) 8	Ħ		4229 Hraby C	hurch Kd		21704	<u> </u>		USA		
	1	Funeral	11. Meritel Stetus	12. Wes Decedent Ever Armed Forcas?	in U,S. 13. W	as Dacedent of F	Hispanic Origin? (S en, Mexican, Puer	Specify Yas or No to Rican, etc.)	H 14. Raci	e - Americar k, White, at	
00 4	i i		1 Navar Married 2 Merried	1 ZYas 2 □ No		□Yes 2X No			Specify		
21215-0020 d within 72 lighus att plone.	a di	l by	3 ☐ Widowed 4 ☐ Divorcad	Year or Detes: 196	0-1962	_ 100	0,000		эрвспу	Whi	te
5- 22 Table	Sica	Completed	15. Decedent's Ed (Specify only highest grad	ucation	18a. Decede	ent's Usuel Occup	oation	rkina	16b. Kind of Bu	isiness/Indu	stry
2 2 2	Me	ğ	Elementery/Secondary (0-12)	College (1-4or 5+)	life. D	O NOT use retire	during most of wo d)				
	ā.	8	12		mail	Handl	er		Mail S	erric	<u> </u>
D ST		Be	17. Fathar's Nama (First, Middle, Last)				18. Mothar's Na	ma (First Middle	Maiden Sumam	a)	
Maryland 2 should be file th and Mental Hy	Ilic e	70	Maurice Gar	don Whi	te Sr.		Naom	Kox	" Pear	son	
at other	£		19e. tnformant's Neme/Reletionship (T			Address (Street	and Number or R				ode)
Manual Ma			Bott. White	· C	11220	A b	Church	R	En de	wiel	MD 2170
5 - E	ette	1	20e. Method of Disposition	20	b. Place of Dispos	ition (Name of	Churc	Moze 15	20c. Location -	City or Town	n, Stata
Baltimore,	0.		1 Buriel 2 Cremetion 3 🗆	Removel trom State	cemetery, cram	atory or other pla	(0)	1001			
time time	dury		Other (Specify		esthaven				trede	rick,	Maryland
3al	ny ir		21. Signature of Funeral Service Licent	156	22.	Name end Addre		tauffer			ne
M LOS	8.0		TION WAS	Deres	24 160	21 Ope	assumto	un Pik	e, Frede	rick,	mD 2170:
9 /	1 2	T	23a. Pert1. Ehrer the diseesa, or comp shock, or neert tailure. List only	lications thet caused the o	deeth. Do not ente						pproximete nterval Between
Physi	cian		snock, or meert tallure. List only o	me causa on each in			Prince I			i tr	nterval Between Inset and Death
/Med	_		tmmediete Ceure (Finel	10		0	01/	1.1		15	-30.
Exam	iner		disaese or condition resulting in deeth)	a cuite	rugo		Dix	nenez		17	-> Um
	physiclan and s the burial-transit	- I		() opa	to (or es e consequ	enca ot				1-	3
2		Examine		b. Relle		Mille				1	y.
x 68760, certificate be execut ding physician and		xar	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	Due t	o (or es e consequ	ence ot):				į	,
60 be s	burie		cause. Enter Undarlying Ceuse (Disease or Injury	c							
68760 fficete be e	the the	/Medical	thet initiated avants rasulting in death) Lest	Dua t	o (or as a consequ	enca ot):					
ox 68 certifice	See	Z E	L								
			_	a						1	
ords, P.O. Bordenines that the death	detached for	Physician	Part II. Other significant conditions co	ntributing to death but not	resulting In the un	derlying cause giv	ven In Part I.	23b. Did	lobacco use cor	ntribute to t	he cause of death?
P.O.	tach	2						10	Yes 2 No	3 ☐ Probe	bly 4□Unknown
tha the	be det	by P									
rds uire	D D	2						24e. Wes	en eutopsy	24b. Were	autopsy tindings
nben /	should	ete						perfe	rmed?	comp	able prior to pletion of causa
Rec elew has b	N	Completed							_	of de	eth?
The sate h	90	ပ္ပို						10	Yes 2 No	10	Yas 2010
Vital I	director,	Be	25. Wes case reterred to medical examiner?					ath (Check only	one)	77	Rans
- & is	ō	ို	1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatient	2 ER/Outpetient	3□ DOA Oth	ner: 4 Nursing F	loma 5 ☐ Resi	dence 6 Doth	er (Specify)	110
D G F F F F F F F F F F F F F F F F F F	neral	ä	27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28a. Dete of Injury (Month, Day Yea	r) 28b. Time of Injury	28c. Injui Wor	ry et rk?	28d. Describe	how Injury occurr	red /	VIO
O die	he fu	ati	2 ☐ Accident investigation				Yes 2 □ No				
Division or Attending after death.	byt	E	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Pleca of Injury - / building, etc. (Sp	At home, term, stre	et, tectory, offica		28t. Location (City or To	Street and Numb	er or Rural F	Route Number,
O PATO	P P	Certification:	TO THOUSE	building, etc. (Sp	ecity)			Only or 10	mi, Gialej		
Division o To the Hospital or Attending Pt within 24 hours after death. To the Funeral Director: After th	y fille		29a. Certifier 12 Certifying Phy	sician: To the best of my	knowledge, deeth	occurred et the tir	me, date end pleca	a, end due to the	ceuse(s) end me	nner es stet	ed.
74 P	leteh	edical	(Check only 2 Medical Exami	ner: On the basis of exam and menner steted.	ninetion and/or inve	estigation, in my o	ppinion, deeth occi	urred et the time,	dete end plece, a	and dua to the	na cause(s)
d in the	фшо	Me	29b. Signature and title of certifier)		29c. Licans	sa number		29d. Data signed	(Month, Da	y, Year)
484	ō		NAAI	11 1		DA	C	}	/	10	-
			No this	my ho		100	0111		5/1	3/7	6.
3-1	}		30. Name end eddress ot person who o			rint)			/		
				S. Hughes,		00 Mont	claire A	ve./ Fre	derick,	Md.	21701
	Staf		31. Dete tiled (Month, Day, Year)	32. Registrer's S							
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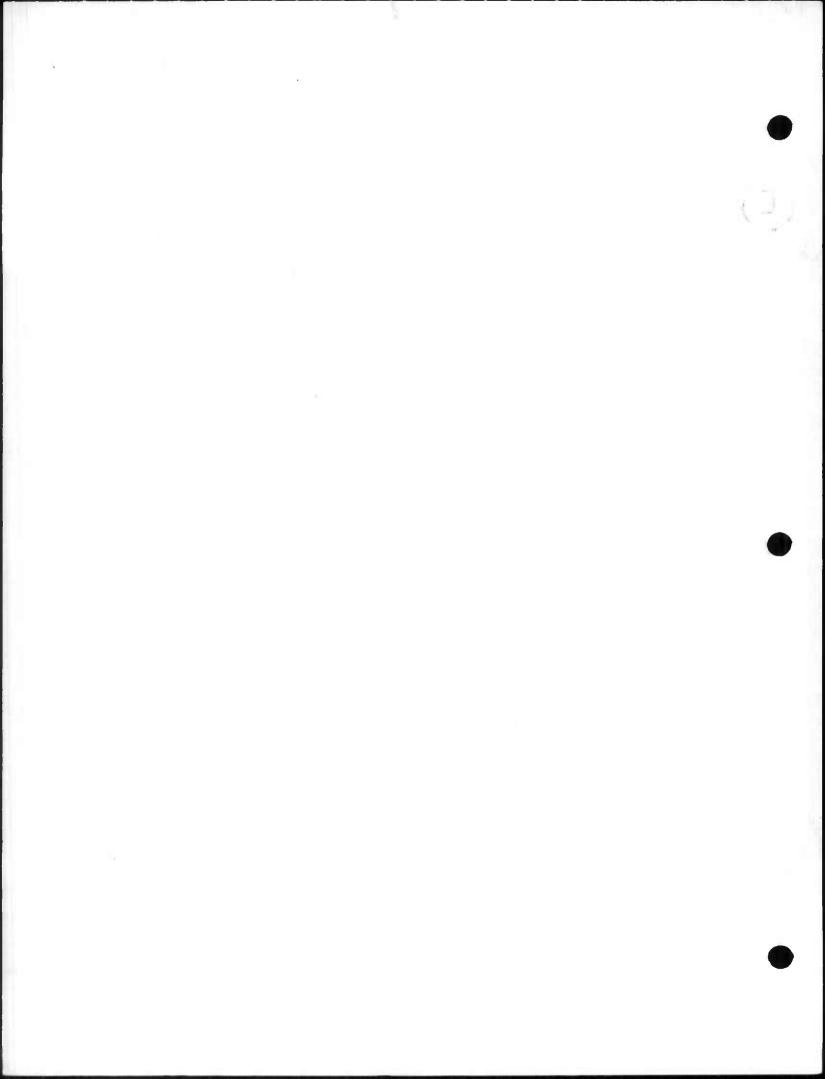
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						Cei	rtifica	te of	Death		Reg. No.		
Physici	an	Decedent's Name (First, Middented)								2. Date of De Month	Day	Year	3. Time of Death
/Medic		Robert			ener					May	12, 19		9:41 PM
Examir	er	4e. Fecility Name (If not institution							4b. City, Town, or		h 4c. County		
		3827 Greenmou					Miller	1 1 1 1 1 1	Hampst			Carro	
Funeral Director		5. Social Security Number 238-09-8471	6. Sex		e (In yrs. 80	last birthday) Yrs.	Months	Days	If Under 24 Hrs Hours Min	8. Date of Bir (Month, Do	2,1916	9. Birthpl Count Nort	laca (State or Foreign try) h Carolina
2		Usuel Residence of Decedent 10a. State 10b. County			10c Cit	y, Town or Lo	cation					14	Od. Inside City Limits
a pa	ħ		rroll			Hampst							1 ☐ Yes 2 ☐No
ottib	ect	10e. Street and Number				Transport	_	- 00 40			40- Ohi	40-10-	
23a Ori	Funeral Director	10e. Street and Number 3827 Greenmount Church Road 10f. Zip Code 21074								10g. Citizen of V	SA	try?	
MC.II	une	11. Merital Stetus	Am	es Decedent I med Forces?		S. 13.	Was Dece if Yes, sp	edent of F	lispanic Origin? (S en, Mexican, Puer	specify Yes or No to Rican, etc.)	- 14. Rac Blac	a - America ck, White, e	
Examo	ρ	1 Never Merried 2 Mer	ried 1 5 If Ye	lYes 2 □ N res, Give er or Detes:	No WW		1□ Yes		Specify:		Specify		ite
DC B	Completed	15. Deceder (Specify only higher	it's Education	aloted)		16a. Deced	dent's Usi	iel Occup	ation	deina	16b. Kind of Business/Industry		
Mag	pie	Elementery/Secondary (0-12)	1	llege (1-4or 5	5+)	life.	DO NOT	ise retire	during most of wo d)	rking			
the the	Con	7 Machinist							st_		Mart:	in Ma	rietta
summific event, 1	Be	17. Fether's Name (First, Middle,	Last)						18. Mother's Na	me (First, Middle	, Melden Sumen	ne)	
affic e	2	Daniel Hollow	ay Whi	tener		.,			Minnie	Agnes Price			<u> </u>
traumetic		19e. Informent's Name/Relations	ship <i>(Type, Pri</i>	int)		19b. Mailir	ng Addres	s (Street	en <i>d Number</i> or R	ural Route Numb	er, City or Town,	Stete, Zip	Code)
iër fr		Mary Katherir	e Whit	ener					t Church R	d, Hanpste	stead, MD 21074		
to t	1	20a. Method of Disposition ★□ Burial 2 □ Cremetion	3 □Pemove	I from State	20b. P	Place of Dispo emetery, crer	nsition (Ne metory or	ome of other pla	ce)	Date	20c. Location -	City or To	wn, Stete
permit. Pages 1 and 2 Department of Health i Important: If item 27 it any injury or other tre once.		4 Donation 5 Other (S		A A	L	ake Vie	v Memo	rial !	Park	15/15	Sykes	ville	e, MD
any inj		21. Signature of Fund al Service	Licensee	1	n.						neral Ho		
		23a. Part1. Enter the disease, o	complications	s that caused	the deat				in St, Ha)/4	Approximete
lalan		shock, or heart feilure. Lis	only one caus	se on each lir	ne.								Intervel Between Onset and Death
Physician /Medical		Immediate Cause (Final			_	1 18			1 +				1.0/
iner		disease or condition resulting in death)	a	Me	795	tatio	- 6	195	tate 1	ancer		i_	1/2 years
	Examiner				Due to (o	r as a consec	uence of):				i	
nsit			b				3 - 41					<u> </u>	
s the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Undertyling Cause (Disease or Injury c.								1			
8	ie	Cause (Disease or Injury that Initiated events											
as the	edicai	that initiated events resulting In death) Last Due to (or es e consequence of):											
20	~		d										
for use	ciar									1			
Deu Cue	Physician/	Pert II. Other significant conditi	ons contributin	ng to death bi	ut not res	ulting In the u	nderlying	cause giv	en in Part I.				the cause of deeth?
De de(ached 1	by Pt									1	Yes 22 No	3 □ Prot	bably 4 Unknown
2 should t	Completed									24a. Was perf	an autopsy ormed?	COT	ere eutopsy findings alleble prior to mpletion of cause deeth?
page 2	E									10	Yes 2 No	1 1 1	Yes 2□ No
rector, pa	0	25. Wes case referred to medical							26 Place of De	ath (Check only			
director,	To B	examiner? 1 ☐ Yes 2 ☐ No	Hospital	l: 1 ☐ Inpatie	int 2	ER/Outpatler	nt 3 🗆 🗅	OA Oth	or:		Idenca 6 □Oth	er (Specifi	v)
2 (0)		27. Menner of Death	28a	Date of Injui (Month, De)		28b. Time of		28c. Inju		· · · · · · · · · · · · · · · · · · ·	how Injury occur	1-1	,
e funer	읊	1 ☑Natural 5 ☐ Pendii 2 ☐ Accident Invest		(MONIN, De)	y rear)	Injury	М		Yes 2 □ No				
by the	Certification:	3 ☐ Suicide 6 ☐ Could	not be 28e.	. Place of Inju	ury - At ho	me, farm, str	eet, facto	ry, office			Street end Numb	ber or Rura	I Route Number,
i d	er	4 Homicide		building, etc	c. (Specify	y)		- 10		City or To	wn, Stete)		
completely filled in by the fur	edicai	29a. Certifier (Check only one) 1 Certifyli 2 Medicai	Examiner: Or	To the best of the basis of manner sta	examine	wiedge, death tion and/or inv	occurred	at the tir	me, date and place	a, and due to the urred at the time,	cause(s) end me date and place,	enner es st and due to	eted. the cause(s)
comple	M	29b. Signature and title of certifie		o mainier sta	iteu.		29	c Licens	e number		29d. Date signe	d (Month)	Dev Year)
ŏ		0 - 0 h	Cena	o . A	An				34608		/	. / -	,
	-	1 1/2-01 U				40 : =		Ų.	1600		5/	14196	
		30. Neme end address of person											1001
		Brad D. Lec 31. Date filed (Month, Dey, Year,	rner /	32. Registra			r on	. 5	inte 50	Tou	son, n	10 2	1207
Sta Registra	ic.		1 5 100										

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	9	10		
	90	irec		
	E	P		
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa		
	after	y the	EVOL	
	23	D L	ē	i
١	Ę	Pe	0	
	24	1	No	
	within	pletely	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) FITZABETH A.	WARD				2. DATE OF DEATH MONTMAY 30,	1996 ^{YEAR}	3. TIME OF DEATH 4:00 A	
	4. SOCIAL SECURITY NUMBER 234-76-4759	1 □ M 2 💢 FX	(In yrs. lest birthdey) 90 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1906 8. BIRT	THPLACE (State or Foreign MD)	
DIRECTOR	9a. FACILITY NAME (II not institution, give CUMBERLAND NUI				ERLAND	EATH	9c. COUNTY OF DEATH ALILEGANY		
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry	10c, CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY	
	WV M:	ineral		Piedmont			LIMITS? 1 X YES 2 ☐ NO		
FUNERAL	27 Green Stree				26750		10g. CITIZEN OF WHAT COUNTRY? USA		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Never Married 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2/2 NO	13. WAS OEC If yes, sp 1 — YES	ecify Culan, Mexica 2 ZANO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	Bla	CE - American Indian, ok, White, etc. City: white	
	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON set of working	16b. KIND OF BUS	SINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	maker	or or working	Own	Home		
BE COI	17. FATHER'S NAME (First, Middle, Last) Aden Grove				16. MOTHER'S NA	ME (First, Middle, Meiden (Kooken)	Surname)		
10 B	19a. INFORMANT'S NAME (Type/Print) Kenneth V. Wai	rd	19b. MAILING 80 M	AODRESS (Street a	enue; Key	Route Number, City or Town	n, State, Zip Code) 26726		
	20e_METHOD OF DISPOSITION 1	noval from State 20b	PLACE AND DATE OF	of disposition (Na Cenetery	nme of	05/06 T	CATION — City or 1 Westernp	own, State ort, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fredlock Funeral Home Piedmont, WV 26750								
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or haart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Approximate interval Between Onset and Death of Cauch of								
PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 246. WAS AN AUTOPSY PERFORMED? 1 YES 27 NO 1 YES 2 N								b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only one)			
Š	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atlent 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Rasidence	6 Other (Specify)			
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIMI	EOF 28c. INJ		28d. OESCRIBE HOW IN	JURY OCCURED		
BY	1 Natural 5 Pending Investigation	(World), Day, Tolly	liks.	M 1 7					
8	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Spec	— At home, ferm, s	treet, factory, office	•	261. LOCATION (Street a City or Town, State)	81. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLET		SICIAN: To the best of my knowl ER: On the bests of examination						a) and manner as stated.	
B	296. SIGNATURE AND TITLE OF CERTIFIE Hwa Shau				29c. LICENSE NUN			(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHITH SHAKIL	10 COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print) SITI	304	CHURER	LAND		
	HUMASHAKIL 625 KENT AVENUE SUITE 304 CUMBERLAND, NO 21502 31. DATE FILED (MONTH, Day, 1807) 32. REGISTRAT'S SIGNATURE MAY 06 1996 MAY 07 1996								

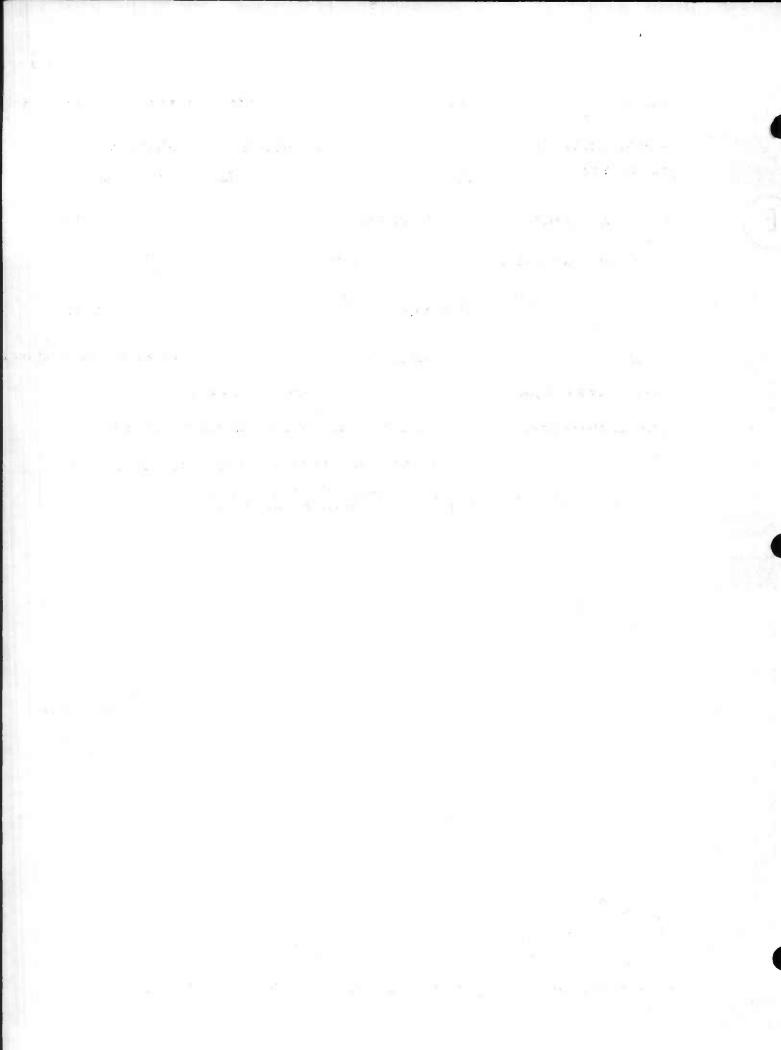


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 5

1	-	lan-	-	0
	5	7	1	X

				Cer	tificate of	Death		Reg. No.	U	10010
Dhuaisian		1. Decedent's Nama (First, Middla, La	·				2. Data of Da	ath	Yaar	3. Time f th
Physician /Medical	_	JAMES WALTER	WIGGER	₹		,	A Month 0	2 Pan 96	1 01011	37AM
Examiner	-	4a. Facility Nama (If not Institution, gi	a street and numbar)			4b. City, Town, or L	ocation of Deat	h 4c. Count	of Death	
		MEMORIAL HOSPI'	CAL			CUMBERLAN	ND.	ALLEX	SANY	
Funeral Director		214 34 1729	Sax 7. Aga (In yrs	. last birthday) Yrs.	Months Days		8. Data of Bid (Month, Da Jul 2	th ay, Yeer) , 1937	9. Birthp Coun MD	piaca (Stata or Foraign ntry))
4:	-	Usual Rasidance of Decedant 10a. Stata 10b. County	10c C	ity, Town or Loc	eation					IOd. Insida City Limits
£ 4 5	5	411 504		JMBERL/					- '	ty Yas 2 No
Director	3	MD ALLEGAT	00	71 10 to 1\ to 7	10f. Zip Coda			10g. Citizan of	Miles Cour	**
		710 N. Mechanic	Stroot			12		US		wyr
r Rems 23a diner must	5	11. Manital Status	12. Was Decedant Evar in U	J.S. 13. V	2150 Vas Dacedant of		ecify Yas or No		ce - Amaric	an Indian.
, a A	2	Married 2☐ Married 3☐ Widowed 4☐ Divorced	Armed Forcas? 1X Yas 2 □ No If Yas, Giva Yaar or Datas: 1956	1	Yas, specify Cul	Hispanic Origin? (Sp ban, Maxican, Puarto Specify:	Rican, atc.)	Specif		atc. vhite
and and	3	15. Decedent's E	ducation	16a, Deced	ant's Usuai Occu	pation		16b. Kind of B		
ygiene. Ner than "naturn It, the Medical I	2	(Specify only highast gri Elemantery/Secondary (0-12)	ada complatad) College (1-4or 5+)	- (Giva F	kind of work done O NOT use retin	a during most of work ed)	ring			
other than	5	12		Mainte	nance			Cumber	cland	Housing Au
등 등		17. Fathar's Nama (First, Middla, Last)			18. Mothar's Nam	a (First, Middle	, Maidan Sumai	na)	
2 2		John Francis W	igger			Leona (Hartsoc	k)		
traumatic		19a. Informant's Name/Raiationship (Type, Print)	19b. Mailin	Addrass (Stree	et and Number or Rui	ral Routa Numb	ar, City or Town	, Stata, Zip	Coda)
		Janet Paynesis	ster	12012	Bedfor	d Road; Cu	mberla	nd, MD	21502	2
or other		20a. Mathod of Disposition 1 ☑ Burlai 2 ☐ Cramation 3 ☐		Placa of Dispos cematary, cram	ition (Nama of atory or other pla	ace)	Data	20c. Location	- City or To	wn, Stata
4		4 □ Donation 5 □ Other (Special		cky Gap	Vetera	ns Cem.	05/06	Flints	tone.	, MD
mportant: any injury		21. Signature o Funarai Service Lice	nsaa /	/ 22.	Nama and Addr	ass of Facility	•		,	
a my		1 Changes 7	X/ccs all	1-		li Funera and, MD	1 Home 21502			
	+	23a. Part1 Entar tha disaasa or com shock, or haert feilura. List only	plications that caused the dae	th. Do not anta				rrast,		Approximata Intarvai Between
lclan	ŀ	snock, or naem tellura. List only	one cause on aach lina.							Onset and Death
dical		Immediata Causa (Finat disaasa or condition	a Myocardial	Inforce	ion				12	minutos
ner		rasulting in death)		or as a consequ					12	minutes
je je	5		h Hypertensti			lar Dicon	0.0			nknown
the burial-transit		Sequentially list conditions.	D	or as a consequ		tal Disea	36		u	IIKIIOWII
		Sequentially list conditions, if any, laading to immediata cause. Enter UnderlyIng Cause (Disaasa or injury							į	
Ca		that initiated evants rasulting In death) Last	cDua to (or as a consequ	ance of):				- i	
8 88										
Physician/	-	David Other day 10				selle Br			i	
N/S	-	Part II. Other eignificant conditions of	contributing to death but not ra-	suiting in tha un	dariying causa g	IVAN IN PAR I.	1			the cause of death?
- A							No.	Yee 2 No	3 Prot	bably 4 Unknown
been signed by the attandi should be dateched for us:	3						24a. Was	an autopsy	24b. W	ara autopsy findings
page 2 should							perfe	ormed?	COI	allabla prior to mplation of causa
S ag								1		death?
rector, pag		25. Was casa rafarred to medical					10		11	☐ Yas 2☐ No
irector		axaminer?	Hospitai:		V 0	26. Placa of Deat				
ral dire		1 ☐ Yas 2 No 27. Menner of Death		ER/Outpatiant 28b. Tima of	312 DOA	4 LI Nursing Ho		dance 8 Oth	1-1-1	V)
funac		Natural 5 Pending invastigatio	28e. Deta of Injury (Month, Day Year)	Injury	28c. Inju Wo	ork?]Yes 2 □ No		,,		
y the		3 Sulcida 6 Could not b	9 00 51 111	noma, farm, stre			28f. Location (Street and Num	ber or Rura	al Routa Number.
ai Director: After t led in by the funara Certification:		4 Homicide	building, atc. (Speci	(y)	at, ractory, office		City or To			
To the Funeral Director: After this certificate he completely filled in by the funeral director, paga Medical Certification: To Be Com	-	29a. Certifier 1 Certifying Ph	ysician: To the best of my kno	owiedga death	occurred at the ti	ima, deta and place	and due to the	causa(a) and m	annar as e	tated.
he Funer pietaty fill edicai			ninar: On the basis of axamine and mannar statad.	ation and/or inve	astigation, In my	opinion, daath occur	red at tha tima,	data and place,	and dua to	tha causa(s)
Me de		29b. Signature and titla of certifier			29c. Lican	sa number	0	20d Data signe	d (Month,	Day, Year)
		1 mm	10 /		0)	277	7	3/6/	51	
0	-	20 Name and address of a law	completed course of 1000 m	- 00al (* · · =	h-i-m)	511		3	10	
8		30. Nama and eddrass of pelson who DR W G FISCUS				CUMBER	LAND	MD 21	502	
Curt		31. Data filed (Month, Day, Year)	500 MEI			CUMBER	LKNU,	MD 21	1502	
State Registrar		MAY 06	32. Begistrar's Sign	Leon Rends	Щ					
r icgisti di		mitti o o								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

=_=		1. Decedant's Nama (First, Middla,	Last)					Death	2. Data of D			3. Tima of Death
Physicia /Medic		JAMES LANN	ON W	INTER	RS				MAY	13, ^D 199	6 Yaar	1720 PM
Examin		4a. Facility Nama (If not Institution,	giva street and number)				4b. City, Town, or			nty of Death	
		SACRED HEART HO 5. Social Security Number		na /ln urc	last birthde	الرس) If Unda		CUMBERLA			LEGANY	no (Ctata ou Fourin
Funeral Director		218-24-1778 Usual Rasidanca of Decedant	NOXM 2□ F	56	Yrs.	Months				1930	Country	ce (Stata or Foraig MARYLAND
ahow dat	4	10a. Stata 10b. County	DD		y, Town or						100	I. Insida City Limits
or 28a-f se notifis	Director	PA. BEDFO	KD	DE	'D L O KL		Code			100 041000	f Mark County	
23a or	ai Dir	0e. Street and Number 10f. Zip Coda 10g. Cifizen of What I 5522 0e. Street and Number 1 10g. Cifizen of What I 5522										
er, or news 23e or 28e-1 sho Examiner must be notified at	Funeral	11. Maritai Status 1 ☐ Nevar Married ※X Marrie	H Van Give	No		3. Was Dece if Yas, spe			anic Origin? (Specify Yas or No- Maxican, Puarto Rican, atc.) 14. Race Black Specify: Specify: Specify:			c.
ural',	nt, the Medical.	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas:	L950-								
Medic		15. Decedant's (Spacify only highast	grada complated)	E.1	16a. Decedant's Usuai Occupation (Giva kind of work dona during most of work) lifa. DO NOT usa ratired)				orking	16b. Kind of	Businass/Indu	stry
ont, the M		Elemantary/Secondary (0-12)	Collega (1-4or	D+)	BETH	LEHEM	STE	EL CO.		REPAIR YARD/LABOR		
		17. Fathar's Nama (First, Middla, La								la, Maidan Sum	ama)	
		WILLIAM HOMER W		405 14	EDNA WINTERS b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State					0.00		
permit. Pages 1 and 2 should be filed within 72 hours at Department of Health and Mennal Pygienes. International insportant: If item 27 is marked other than *natural', or any inclusive or other traumatic event, the Medical Examples. To Re Completed by Farm		19a. informant's Name/Ralationshi IRENE WINTERS	WIFE					F BEDFOR			m, Stata, Zip C	ode)
		20a. Method of Disposition	_	20b. F	Placa of Dis	position (Na	na of	ace)	Data	20c. Locatio	n - City or Town	n, Stata
		f⊟Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Othar (Spa							Y 16 19	96 FLIN	TSTONE	RFD MD.
		ROCKY GAP VET.CEMETERY MAY 16 1996 FLINTSTONE RFD MD 22. Nama and Addrass of Facility MERRITT-ADAMS FUNERAL HOME 4.04 DECATUR STREET CUMBERLAND MARYLAND										
0		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List or	emplications that cause ly one cause on aach i	d tha daat	h. Do not a	intar tha mod	la of dyi	ing, such as cardie	oc or respiretory	errest,	A	oproximate itervel Between Onset and Deeth
sician edical		Immediata Cause (Final	0									Inset and Deeth
niner		disaasa or condition rasulting in death)	a KES	a. RESPIRATORY FAILU				.URE			ON	E HOUR
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the burial-transit	Examiner	Sequentially ilst conditions,	b	Dua to (or as a consequance of):					THE ZUNG			
		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that britished events	C									
0 00	/Medical	that initiated avants rasulting in death) Last	■ d	Dua to (o	r as a cons	equance of):					1	
datached for usa as	Physician/M	Part II. Other significant conditions	contributing to death b	out not ras	ulting In the	undarlying o	ause gi	ivan in Part I.	23b. DI	d tobacco use	contribute to ti	he cause of death
datac		ESOPHA &	GAL CAP	80120	MA				10	Yes 2□ No	3 ☐ Probe	bly 4□Unknow
es the	Completed by	CONGES	TIVE HEY	RT	FAI	LURE			24a. Wa	as an autopsy formed?	avaii	a autopsy findings able prior to bletion of cause eth?
paga 2	E O								10	Yas 2 No	10	ras 200 No
ertific ector,	Be	25. Was casa rafarrad to medical axaminar?							ath (Check only	(ona)		
S S	2	1 ☐ Yas 2 ☑ No	Hospital: 1 Inpatie		ER/Outpat		JA		T	sidance 8 🗆 C		
tor: After th	Certification:	27. Manner of Death 1 Datural 5 Pending 2 Accidant invastigat 3 Suicida 8 Could no	be one Place of In-		28b. Tlma injun	М		Yas 2□No		how Injury occ		Zoudo Alember
i Date	enti	4 Homicida determin	28a. Place of In building, at	c. (Specif	у) У	ou aat, tactor	, UITICO			(Straat and Nul own, Stata)	nuoi oi riuialir	TOUTE NUTTIDES,
Hospital or Attendi 24 hours aftar death. Pureral Director: A etaly filled in by tha fa		29a. Cartifiar (Check only one) 1 Certifying 2 Medical Ex	Physician: To the best aminer: On the basis o and mannar st	faxamina	wladga, da tion and/or	ath occurred invastigetion	at tha ti	ima, date end plac opinion, death occ	a, and dua to th urred at tha time	a causa(s) and a, data and plac	manner as stat a, and dua to th	ed. na cause(s)

State Registrar

1868 NATIONAL HIGHWAY

LAVALE, MD

033417 (md)

29c. Licansa number

29d. Data signed (Month, Day, Year)

30. Nama and addrass of parson who complated causa of death (itam 23a) (Typa, Print) JAMES R. MOEN, MO

Olevens

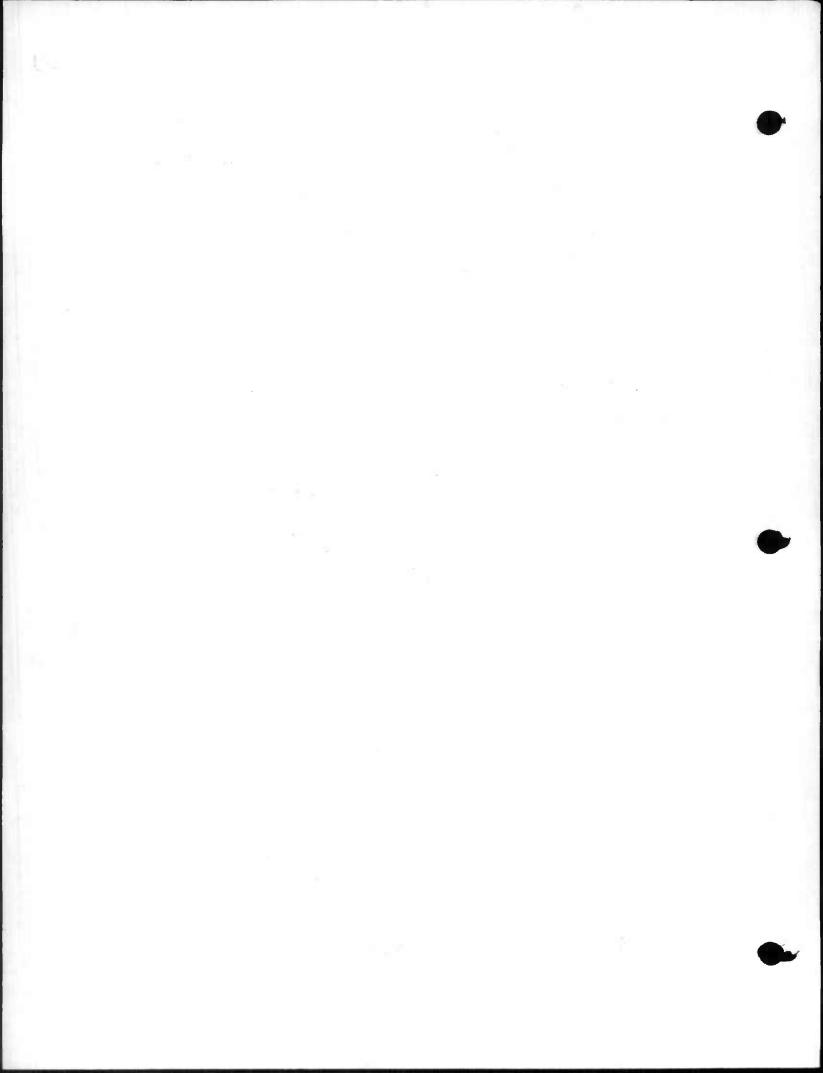
21502

29b. Signatura and titla of certifiar

DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	TO THE HOSPITAL OR ATTENC	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If item 28 is

	1 - FOR STATE OF M		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	10000					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH					
	Martha H.	Yerkes		May 13	1996 3:55 AM M					
	4. SOCIAL SECURITY NUMBER 5. SEX		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign					
	221-50-1286 1□ M 2 🗓 F	94 YRS.	HTHE DAYS HOURS MIN.	(Month, Day, Year) Vember 18 1901	Country)					
	9a. FACILITY NAME (if not institution, give street and number)		D. CITY, TOWN OR LOCATION OF D		Maryland Unity OF DEATH					
DIRECTOR	Calvert Manor Health Care	Center	Rising Sun		Ceci1					
Ä	10e. STATE 10b. COUNTY	10c. CITY, 7	OWN OR LOCATION		10d. INSIDE CITY					
	Maryland Cecil		Rising Sun		LIMITS?					
AL	10e. STREET AND NUMBER		101. ZIP CODE	10g. CIT	TIZEN OF WHAT COUNTRY?					
FUNERAL	1881 Telegraph Road			21911 Un	ited States					
5		EVER IN U.S. ARMED YES 2 X NO	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or No-	14. RACE — American Indian, Black, White, atc.					
BY	1 Never Married 2 Married FORCES? 1 FYES, GIVE WA		If yes, specify Cuben, Maxico		Specify:					
					White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Ille De MOT	done during most of working	16b. KIND OF BUSINESS/IN						
2	Elementary/Secondary (0-12) College (1-4 or 5 +)	School T		Board of Ed						
8	17. FATHER'S NAME (First, Middle, Last)	3011001 1		ME (First, Middle, Maiden Surname)	ublic Schools					
ŏ	Henry Henderson									
#	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING AD		Ann_Steele Route Number, City or Town, State, Zi	in Code)					
2	Marsha C. Knowles			d, Lancaster, I						
	20a. METHOD OF DISPOSITION	20h PLACE AND DATE OF I	ISPOSITION (Name of	DATE 200 LOCATION	City or Town State					
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donation 5 🗆 Other (Specify)	North East 1	place) Methodist Cemet	North Ea	act Maruland					
- 1	21. SIGNATURE OF FUNEBAL REPUICE LICENSEE	/)	22. NAME AND ADDRESS OF FA	CILITY	ast, Maryraild					
	> Wred H. (107 d)		Crouch Funeral		F					
	23. PART I. Enter the diseases, or complications that	caused the death. Do not	enter the mode of dying, suc	the certiles or respiratory as	rest, MD 21901					
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
ERTI	that initiated events resulting in death) LAST									
AL.	PART II. Other algnificant conditions contributing to d	eeth but not resulting in t	he underlying cause given in							
5				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
MEDIC					1 TYES 2 NO					
ä	DID TOBACCO USE CONTRIBUTE TO CAL	ISE OF DEATH YES	□ NO 🖾 UNCERTAI	N 🔲						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (
YSI	1 U YES 2 NO 1 Inpetient 2 U	ER/Outpetlent 3 DOA 4	HER: Nursing Home 5 - Residence	8 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 28s. DATE OF II (Month, De)	JURY 28b. TIME O Year) INJURY	F 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OC	CCURED					
À	2 Accident Investigation		M 1 YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide determined	INJURY — At home, ferm, atre- c. (Specify)	rl, factory, offica	281. LOCATION (Street and Numbe City or Town, State)	v or Rural Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of m									
8	296. SIGNATURE AND TITLE OF CERTIFIER. 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Pri	CO RIGINAS	Zu Mt >	19//					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	S SIGNATURE	77 113118	30h, 1110 2						
	MAY 1 4 1996 Sulia	Javidson Books								

DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 5581 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** ANTKOWIAK 5:20 PM /Medical 4c. County of Death 4b. City, Town, or Location of Death 4a. Fscility Nama (If not institution, giva street and number) **Examiner** BELNORD BALTIMORE If Under 24 Hrs. 8. Deta Hours Min. Mon AVE. 9. Birthplece (State or Foraign Country) 8. Sax 1 M 2 ☐ F 7. Aga (In yrs. last birthday) Yrs. If Under 1 Yaar 8. Deta of Birth Month, Dey, 5. Sociel Security Number **Funeral** Months Deys 2/6 - 10 - 6960 Usual Residence of Decedent POLAND Director permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haalth and Mental Hygiana. Important: If Itam 27 is marked other than "natural", or thems 23s or 28s-1 show any injury or other traumatic event, the Medical Examiner must be notified an ance. 10e State 10b. Count 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1 Yas 2 No by Funeral Director 10e. Street end Number 10g. Citizen of What Country? 819 S BELNORD U.S.A 21224 12. Wes Decedant Evar in U,S. Armed Forces? 1 DYas 2 □ No If Yes, Giva Yeer or Detes: WWT Wes Decedent of Hispenic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Ricen, etc.) Rece - Amarican Indian, Black, White, atc. 1 ☐ Never Married 2 ☐ Married 1□Yes 2XNo Spacify: Specify: WHITE 3 Widowed 4 □ Divorced WWIL Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) ABOREL 17. Father's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Meiden Sumama) Be PELARIA 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 227 J. ROBINSON ST. STELLA BALTO-IMD 20b. Place of Disposition (Name of cematary, cremetory or other place) 20a. Mathod of Disposition 1 Buriel 2 □ Cremetion 3 □ Ramoval from State 20c. Location - City or Town, Stata BALTO. CO. 4 ☐ Donation 5 ☐ Other (Specify) ST. STANISLAUS 21. Signature of Minarel Sarvice Light see 2829 HUDSON ST 21224 DA 00 23a. Pert1. Enter tha disaase, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiretory arrest, shock, or heert feilura. List only one ceuse on eech lina. Approximete Intarvsi Between **Physician** Immediate Cause (Finel diseese or condition resulting in deeth) /Medical Myocardial Examiner Due to (or es/a consequence of): Physician/Medical Examiner requires that the death certificate be executed physician and s the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as e consequence of) Due to (or as a consequence of): attanding ph Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Fibrillation Atrial þ 24a. Wes an sutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed Aftar this cartificata has 20 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: Be 25. Was case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 5 Residence 8 Other (Specify) 27. Menger of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending Investigation daath. 1 Yes 2 🗆 No 2 Accident 6 Could not be determined

Division of Vital Records, P.O. Box 68760, 24 hours after deal 54

Baltimore, Maryland 21215-0020

State Registrar

Medical

filled in by

30. Name and diddess of person who completed cause of deeth (Item 23e) (Type, Print)

C.V.CR.GARX - SOARES 98 N. TROADNAY ST. BALT. MD. 21218 32. Registrar's Signetura Randast

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 Decritifying Physician: To the best of my knowledge, deeth occurred at tha tima, deta and place, and dua to tha causa(s) and mannar as steted.

2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licansa number

016619

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Data signed (Month, Day, Year)

3 Sulcide

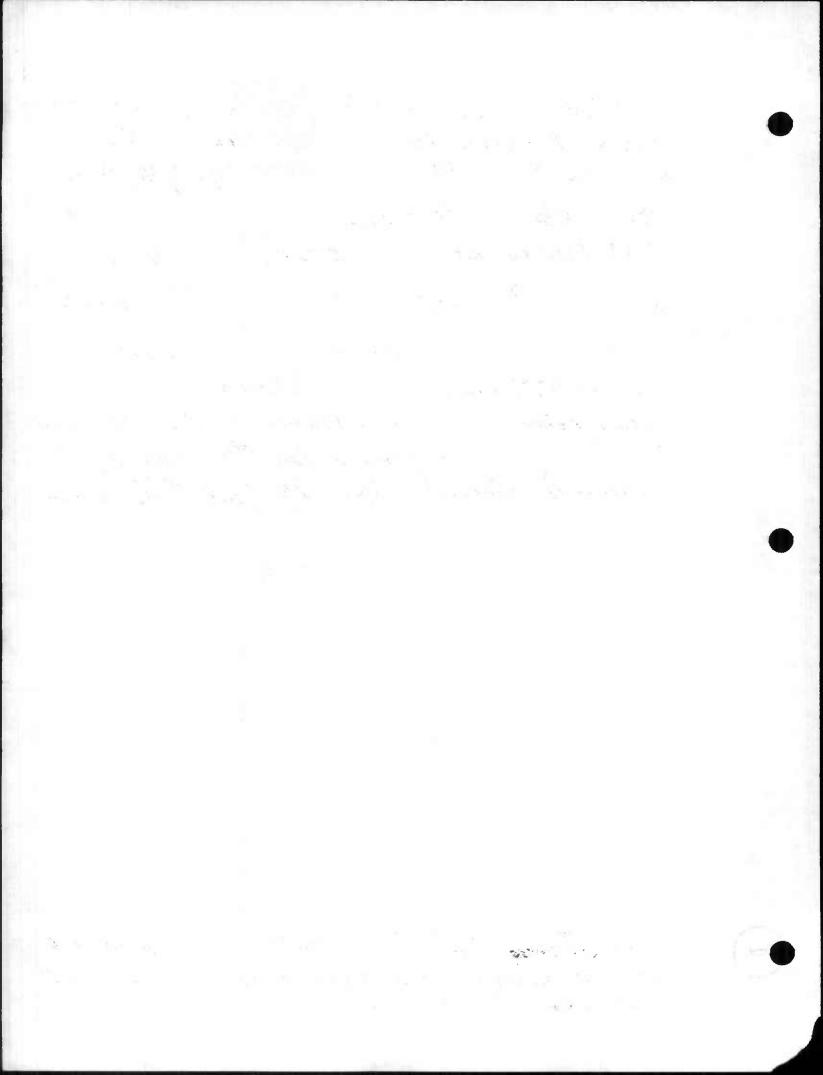
29e. Certifier

4 Homicide

(Check only one)

29b. Signeture end title of certifiant

NO



ALLBALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.														
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH							
	Mary Isabelle	Ayd				May 24		996	11:35 p.m. м					
	4. SOCIAL SECURITY NUMBER 5. SEX		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	LACE (State or Foreign					
	215-07-8515 1 D M 2	, OL	YRS,			February 20		Mary						
œ	99. FACILITY NAME (If not institution, give street and number 2902 Byron Court	96r)		1	OR LOCATION OF D	EATH		Fond						
6	2902 Byron Court			Abingo	1011		Паг	ford	CO.					
BE	10e. STATE 10b. COUNTY			TY, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?					
2	Maryland Harford Co	•	AD	i ngdon	of, ZIP CODE		40 CITI		1 YES 2 NO					
FUNERAL DIRECTOR	2902 Byron Court			- 1	21009				tates					
S	11. MARITAL STATUS 12. WAS DE	CEDENT EVER IN	U.S. ARMED		CENDENT OF HISPA	NIC ORIGIN? (Specify Yes		14. RACE	- American Indian, White, etc.					
ВУ Б		GIVE WAR OR DA			S 2 NO Speci	nn, Puerto Rican, etc.) /y:		Specify						
	15. DECEDENT'S EDUCATION		18e. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/IND	USTRY	WITTE					
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-													
MPL	12													
	17. FATHER'S NAME (First, Middle, Last)	ME (First, Middle, Meiden												
BE	Francis Ryan 190. INFORMANT'S NAME (Type/Print)		Edell nber, City or Town, State, Zip Code)											
2	James D. Ayd/Son		2902			oingdon, Ma			009					
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal from St		PLACE AND DATE	OF DISPOSITION (Vame of		CATION —							
	4 Donation 5 Other (Specify)	c-fV	öst Höly I	Redeemer (5/28/96 Bal								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Brian A. Willem 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road Baltimore, Maryland 21214													
	Buan a Wille	en					•		1214					
	23. PART I. Enter the diseases, or complication shock, or heart fellure. List enly pro-	ne ceuee on ec	och line.						Approximets intervel Batween					
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Onset and Deat Sequentially list conditions Due to (or as a consequence on: Cauchair of Avera Schwiss Sequentially list conditions Due to (or as a consequence on: Cauchair of Avera Schwiss Sequentially list conditions													
	resulting in death)	u	2 days											
z	C. Ge		15+445											
NT S	If any, leeding to immediate cause, Enter UNDERLYING	If any, leeding to immediate												
5	CALISE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in deeth) LAST			,										
	PART II. Other significent conditions contribut	ing to death h	ut not regulting	in the underlyi	na sausa alvan la	Part I. 24a, WAS AN	LALITORAN	045	WERE AUTOPSY FINDINGS					
CAL	END Stage Renal					Mopuly ves			AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDIC	Chunic Obstruc		ILPAM OY	as de	seare	TO VES :	2 X NO		OF DEATH? 1 YES 2 NO					
× ×	DID TOBACCO USE CONTRIBUTE TO	O CAUSE O		ES NO I		NX								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEA	ATH (Check only on	9)									
IXSI	1 YES 2 NO 1 Inpatie	nt 2 ER/Outp		4 Nursing Ho	· ·	6 Other (Specify)								
	1 Natural 5 Pending	ATE OF INJURY fonth, Day, Year)	28b. Til	JURY V	JURY AT /ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCC	URED						
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28f. LOCATION (Street		or Rural Ro	oute Number,									
ш	4 Homicide datermined	Could not be building, etc. (Specify) City or Town, State)												
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	beat of my knowl	edge, death occur	red at the time, da	te end placa, end du	e to the cause(e) end me	nner ee atat	ed,						
COMPLET	one) 2 MEDICAL EXAMINER: On the be	ele of exemination	and/or investigati	ion, in my opinion,	death occured at the	time, date end piece, er	nd due to the	e ceuse(e)	end manner se steted.					
BEC	29V SIGNATURE AND TITLE OF CERTIFIER	anline	111		29c. LICENSE NU	MBER	29d. DATE	SIGNED ((Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	ener	MS)	1013	118		ray	22,1996					
	Gordon / Walker, M.D.	Good Sama	ritan Hos	pital 56	10 Loch Rav	en Blvd. Balt	timore,	Md.	21239					
		IS ARS SIC												

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

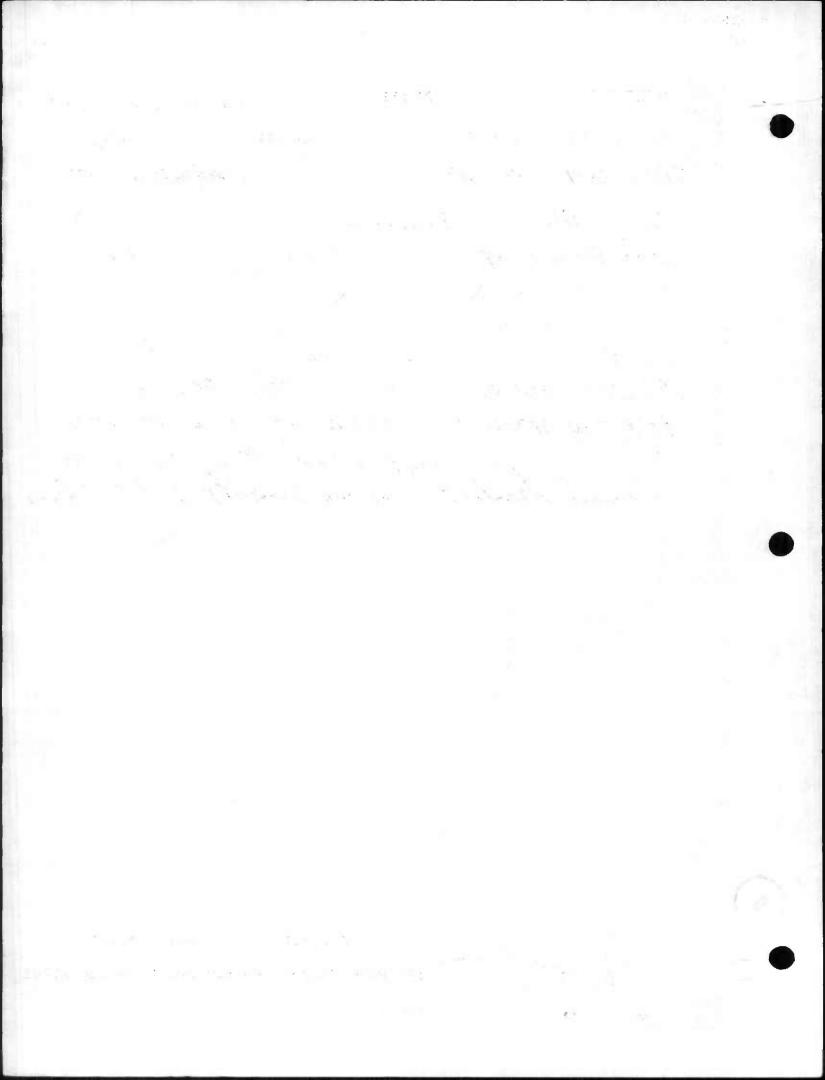
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	Physici /Medi		Decedant's Nama (First, Middla, PATSY A		Month Day Yaar MAY 24, 1996				ma of Death							
Þ	Examir		4a. Facility Nama (If not institution, THE JOHNS HOPKI								ocation of Deatl	4c. Count				
Щ							If Under 1			24 Hrs.	CITY	N/A				
	Funeral Director		216-14-4281 Usual Rasidance of Decedant	1 N 2 F	. Age (In yrs. last bi	Yrs.		Days	Hours	Min.	8. Data of Bir (Month, Da 7-16	v. Year)	9. Birth Cou Pe	placa (S ntry) nnsy	stata or Foreig y l vani d	
	Bud *		10a. Stata 10b. County		10c. City, Tov	vn or Loc	cation							10d Ine	ida City Limits	
	Ba-f sho	Director	Maryland N/A			timo								X	Yas 2 No	
	72 hours after death with the Maryland natural, or items 23s or 28s-1 show areal Exercises must be notified as	al Dire	10e. Street and Number 4524 Weitzel	Ave.			10f. Zip C 21	oda 214	4			10g. Citizen of U.S	What Cou	ntry?		
	dea	Funeral	11. Maritai Status	12. Was Deced		13. W	Vas Decedar	nt of t	Hispanic Or	igin? (Spe	ecify Yas or No Rican, atc.)	ce - Amari		an,		
21215-0020	al', or its	by	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced		□ No		Yas 2				ritoari, ato. j	Specia	ck, Whita, y:	Whi	te	
2-0	72 ho	Completed	15. Decedant's (Specify only highast	Education	168	. Deced	ent's Usual (Occup	pation	t of work	16b. Kind of Businass/Industry					
21	within 7 ene. than "r	ple	Elamantary/Secondary (0-12)	College (1-4	lor 5+)	lifa. D	O NOT usa	retire	during mos d)	st of work	ing					
2		5	12		,	Reti	ired M	as	ter S	gt.		U. S	. Arm	ıy		
5	be filed tal Hyg d other event,	Be	17. Fathar's Nama (First, Middle, La	st)					18. Moth	ar's Nama	a (First, Middle,	Maidan Sumar	ne)			
<u>a</u>	D 6 9 0	To	Frank	Ast	ore					Aur	rora	Prezio	SO			
Maryland	Should Mind Mind Mind Mind Mind Mind Mind Min		19a. tnformant's Name/Ralationship	(Type, Print)	198	b. Mailing	g Address (Street	and Numb	er or Run	al Routa Numb	er, City or Town	Stata, Zi	p Code)		
-	s 1 and 2 f Health s fem 27 ls		19a. Informant's Name/Ralationship (Type, Print) Rose T. Astore (Wife) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, 4524 Weitzel Ave. Baltimore, Mar 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of Data 20c. Location -													
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sion of	Attor fune	ation	1 Natural 5 ☐ Panding invastigat	ion		Tima of Injury	М 280	. Injui Woi	rk? Yas 2□		260. Dascribe	now injury occur	red			
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-	To the Hospital within 24 hours of To the Funeral Completely filled	29a. Certifiar (Check only one) 29a. Certifiar (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated and manner stated.											stated. to tha ca	use(s)		
	To the within To the comp	Me	29b. Signature and title of certifler	29c. Licansa number 29d. Data signed (Month, Day,					Day, Yo	gar)						
•	1		1 Calta	20	-MA			N-	-43,	7		May-2	4	190	16	
	1+1	1	30. Name and address of person wh	o completed cause	of death (ltern 23a)	/Type. P	Print)	-	THE	Josh	ns Hadi	CINS HO	SPIT	1	0	
	0	İ	RAJATE	ANNE		11	D		600 N	ORTH	NS HOPE	E STRE		17		
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State Registrar A second to the second of the second of

asp ITEMS: 23 PART I, 27 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.
PER ME0 FILM 6-735 5/31/96 t.t State of Maryland / Department of Health and Mental Hygiene 96

						Certifica	ate of De	ath		Reg. No.		
	nysicia Medic		Decedent's Name (First Middle, Las CATHERINE	1()	ARI	BOGAST	1		2. Data of De MAY 1	7 Day 199	Voor	Tima of Death
	xamin		4a. Facility Nama (if not institution, give CHURCH HOME &		1		BA	city, Town, or Loc LTIMORI		4c. County	N/A	
Dire	neral ector		5. Social Sacurity Number 2/3-80-6481 Usual Rasidance of Dacedant	ax 7. Aga ⊓ M 2x F	(in yrs. last birtl	nday) If Und Month		Undar 24 Hrs. ours Min.	8. Data of Bir (Month, Da MARCH	26,1973	9. Birthplaca Country	(Stata or Foraig
ne Maryland	officed at	ctor	MD. 10b. County		10c. City, Town	TIM	RE					Insida City Limits 1 Yas 2 □ No
23a or 2	unit be n	Funeral Director	2045 GOUE	H ST.		10f. i	Zip Coda	3/		10g. Citizan of	What Country?	
VILLIS-UUZU within 72 hours efter death with the Maryland effe. The matural of items 23s or 28set show	Examiner n		11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ev Armed Forces? 1 Yas 2 No If Yas, Giva Yaar or Datas:				nlc Origin? (Spe laxican, Puarto F pecify:	cify Yas or No Rican, atc.)	14. Rad Bla Specif	ce - Amarican Ir ck, Whita, atc.	ndian,
d within 72 hours of gione.	other traumatic event, the Medical Examiner must be notified at	Completed by	15. Decedant's Ed (Specify only highast grad Elementery/Secondary (0-12)	ucation da <i>compiated)</i> Collega (1-4or 5+)		Giva kind of I	sual Occupation work dona durin usa retired)	g most of workin	ng	16b. Kind of B	usinass/industr	у
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ond 2 should be file selft end Mental Hy	traumet.	To	19e. Informant's Name/Relationship (7)			Mailing Addre	ss (Street and	Number or Rura	i Routa Number		, Stata, Zip Coo	
Pege nent c	ury or otha		20a. Mathod of Disposition 1 Burial 2 Cramation 3 4 Donatlon 5 Othar (Specify	Ramoval from Stata	20b. Place of cematary	Disposition (A	lama of	1.	Date 11/2/		- City or Town,	
permit. Peg Department Important: 1	any injury		21. Signature of Funaral Sarvice Incens	Hada	h.	22. Nama	and Addrass of	Facility SKARD	of.H.	3218 H	UPSON	37.
Physi /Med Exam	lical		23a. Part1. Entar tha disage, or compshock, or heart failura. List only of Immediata Causa (Final diseasa or condition rasulting in death)	olications that causad it one causa on each line CARDIAC A			oda of dying, so	uch as cardiac or	r respiratory e	rast,	Inta	proximete arval Batwaan sat and Death
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	es the bur	Medical	Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants resulting in death) Lest	c	ua to (or as a co							
net the death ceri	be deteched for use	Physician	Part li. Other significant conditions co	ntributing to death but	not resulting in	tha underlying	causa givan In	Part I.		obacco use co Yes 2 No	ontribute to the	cause of death
he lew requires the	2	2							24a. Was	en autopsy med?	24b. Wara a availab compia	autopsy findings le prior to ation of cause
The ate h	, page 2	Completed							100	′as 2□No	of death	
Physician: The	irector,	o Be	25. Was casa rafarred to medical axeminar? 1 X Yas 2 No	Hospital:	2 ER/Out	-ations of V	0	Place of Death			(0-2-2)	
After A	=	⊢⊦	27. Mennar of Daath 1 XXNatural 5 Panding 2 Accidant Invastigation	28a. Data of Injury (Month, Dey)			28c. Injury at Work?			now injury occur		
na Am	ed in by t	Certification:	3 Suicida 6 Could not be 4 Homicide datarmined	28e. Piece of injury building, etc.	y - At home, fam (Specify)	m, straat, facto	ory, offica	2	8f. Location (S City or Tox	Streat and Numb m, Stete)	per or Rurai Ros	uta Number,
A 24 Pool	pletely fil	edical	29a. Certifiar (Check only one) 1 Certifying Phy 2 Medicat Exami	raician: To the best of r iner: On the basis of a and manner state	xeminetion and	deeth occurre for Invastigation	d et tha tima, d on, in my opinio	ata and place, a n, daath occurre	nd due to the d at the tima,	cause(s) and madata and place,	annar as stated and dua to the	i. causa(s)
Total	com	Σ	29b. Signatura and tilla of certifler	-		2	9c. Licansa nui O • C • M			29d. Data signe MAY 1	8 , 1996	Year)
2	_		30. Nama and addrays of person who c	ompleted causa of daa	th (itam 234)	T. Pen	n Stre	et, Ba	ltimo	re, Ma	ryland	1 21201
Re	Stat gistra	е	31. Data filad (Month, Day, Yaar) MAY 28 1996	MOX	Signature							



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

						Certific	ate of	Death		Reg. No.						
	Dhusia	ion	1. Decedent'e Neme (First, Middle, Las	11)					2. Date of De Month		Year	3. Time of Death				
Į,	Physic /Medi		LILLIAN	R. ADA	-MS				MAY	261	1996	6:30Am				
)	Exami		4e. Fecility Neme (If not institution, give	street end number)				4b. City, Town, o	or Location of Deel	th 4c. County	y of Deeth					
L			Northwest Hospita			T WILL	1 4 14		1stown		Balti					
	Funeral Director	Г		ex 7. Age 87	(In yrs. lest bir 7	Yrs. Monti	der 1 Yeel hs Deys			orth ey, Yeer) 20, 1908	9. Birthp Coun Pen	elece (Stele or Foreign etry) nsylvania				
	and **		Usuei Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	n or Location					1	0d. tnside City Limits				
	Se-f sho	ctor	Maryland Balt	imore		ŗ	rowso	n				1 ☐ Yes 2 🗓 No				
	23e or 2 ust be n	Funeral Director	10e. Street end Number 23 Acc	orn Circle	Apt.		Zip Code	21286		10g. Citizen of United		,				
Maryland 21215-0020	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural; or items 23a or 28a-f show striportant: if item 27 is marked other than "patural; or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at 2006.	þ	11. Maritel Stetus 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes:		i	cedent of pecify Cul		(Specify Yes or Ne erto Rican, etc.)		ce - Americ ock, White, fy: Cau					
5-0	72 h	etec	15. Decedent's Ed (Specify only highest grad		16e.	Decedent's U	suet Occu	petion during most of w	vorkina	16b. Kind of B	Jusiness/Inc	dustry				
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Balt	permit. Departr Importa any inju		22. Name end Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 2113 23a. Pertf: Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line.													
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ono	Attending Phar death. ector: Attar thi by the funeral		27. Menney of Deeth 1 □ Naturei 5 □ Pending 2 □ Accident investigation	28e. Dete of Injury (Month, Dey	Year) 28b. T	Time of njury M	28c. Inju Wo	iry et ork?] Yes 2 □ No	28d. Describe	how tnjury occur	rred					
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1	Hount Famer Bally III	edical	29a. Certifier (Check only one) 1 Certifying Phy	reician: To the best of iner: On the basis of e end menner state	exeminetion end	, deeth occurre d/or investigati	ed et the t ion, In my	ime, dete end ple opinion, deeth oc	ce, end due to the curred et the time,	cause(s) end m date end piace,	enner es st and due to	ated. the ceuse(s)				
1	o de de	29b. Signeture end title of pertitier 29d. Date signed (Month, Dey, Ye														
			b / 2/2	in S	up		5	NW45	05	MAY	26	, 1996				
			30. Name and address of person white c	PERIAL	eth (ttem 23a) (Type, Print)		NWH	C							
	Sta	te	31. Date filed (Month/Day, Year) MAY 2.8 1996	Registrer	's Signeture											

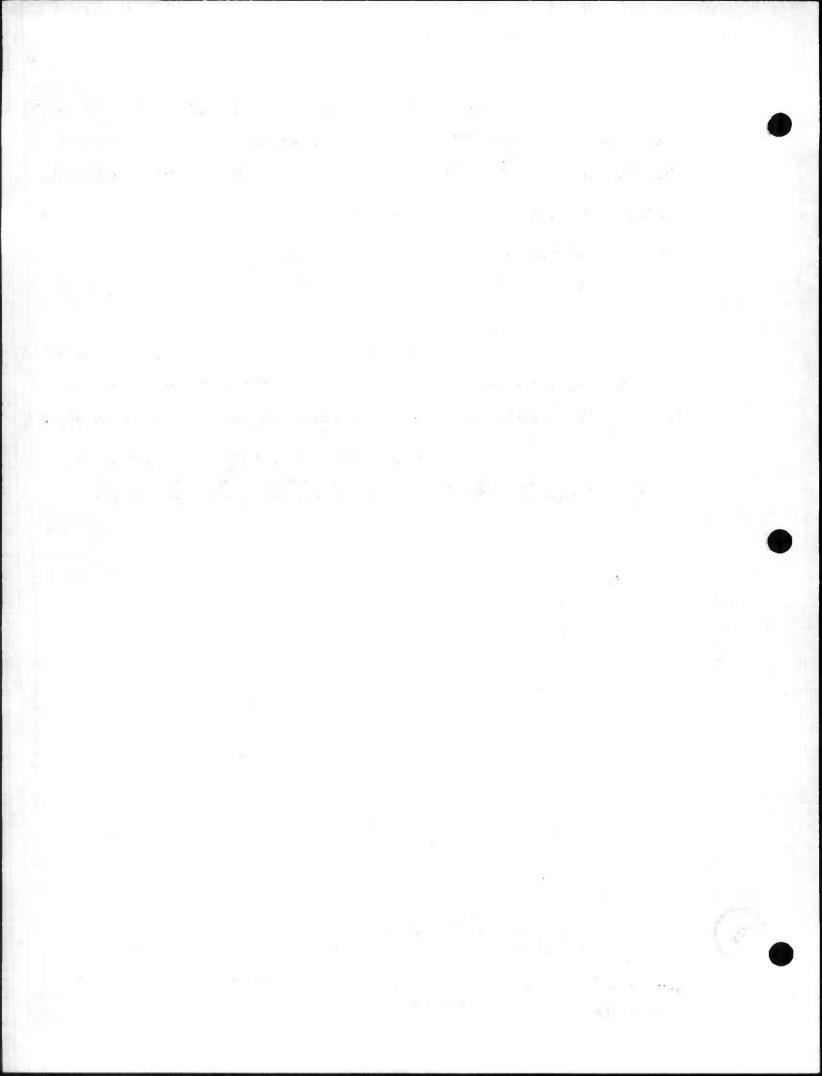
DHMH 16 Rev 6/95

PURE PART

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State of Maryland / Department of Health and Mental Hygiene 96

			Cert	ificate of	Death	R	eg. No.						
Physician	Decedent's Nema (First, Middle, Last)		2. Dete of Deet Month	th Day	Year	3. Time of Death							
/Medical		stance	Adele	Auer		May 24			6:30 PM				
Examiner	Facility Neme (If not institution, give street an 702 Summerview Way, U				4b. City, Town, or I		4c. County	1100-5	-d-1				
	Sociel Security Number 6. Sex	7. Age (In yrs.)	lest birthday)	If Under 1 Year	Annapol If Under 24 Hrs.		Anne						
uneral irector	028-16-0268 ^{1□ M 2}	^K F 78	Yrs.	Months Deys	Hours Min.	8. Dete of Birth (Month, Dey DEC 3,	1917	New	ace (Stete or Foreign Ty) York				
	uel Residence of Decedent	40.00											
or 28a-f show be notified at Director	a. State 10b. County Lorida Brevard	10c. City	y, Town or Loca Bare	foot B	Bay			10	od. Insida City Limits 1 ☐ Yes ※☐ No				
be notified Director	e. Street and Number			10f. Zlp Code		1	10g. Citizen of What Country?						
	714 N. Gladiolus I				-7164		USA						
by Funeral	1 Never Married 2 Married 1 1	Dacedant Evar in U, d Forces? (as 2. No s, Give		as Decedent of I Yas, specify Cub □ Yes 2 ∭ No	Hispenic Origin? (S) ban, Mexican, Puert Specify:	pecify Yas or No- o Rican, atc.)		e - Amarica k, White, e	itc.				
ofical Ex	15. Decadent's Education	or Detes:	16e Decede	nt's Usuei Occu	netion		16b. Kind of Bu	isiness/Indi	uetry				
d other than 'nature event, the Medical Be Completed	(Specify only highest grada compla		(Give ki	nd of work done NOT use retire	petion during most of wor ed)	king	. 30. 1 1110 01 00	. J Joger III (I					
E E		ge (1-4or 5+)	Teac	her		Public High Scho							
event, Be C	Fathar's Name (First, Middle, Last)				18. Mother's Nen	ne (First, Middle, Meiden Surneme)							
	Seymour Jesse	Baum			Ann	e Marga	Margaret Lynch						
r traum	e. Informent's Name/Reletionship (<i>Type, P</i> nht, Irold Sterling Auer/S				tend Number or Ru olus Dr.				2976-7164				
r other tr			laca of Disposi	tion (Neme of story or other ple	oce)	Dete	20c. Location -	City or Tov	wn, State				
ury or	4 □ Donation 5 □ Other (Specify)	Met.	ro Cren	atory,	Inc. 5/25	5/96	Baltim	ore, l	MD				
any injury or	20e. Method of Disposition 1												
	Part1. Enter the disease, or complications t shock, or heart feilura. List only one ceuse	hat caused the deeth	n. Do not enter						Approximete Interval Between				
sician edical miner	mediata Cause (Finel eese or condition ulting In deeth)	hung	1	un					Onsat and Death				
je je		D09 t0 (42	nes e consedo	erice or).				1					
physician and streets the burial-transit	quentielly list conditions, ny, leading to immediate se. Enter Underlying use (Disease or Injury	Due to (or	Due to (or es e consequence of):										
ding physicis	use (Disease or Injury c t Initieted events ultring in deeth) Lest	c. Dua to (or as e consequenca of):											
for u	d												
by the ached	t II. Other significant conditions contributing	to death but not rasu	ulting In the und	lerlying cause gi	ven in Pert I.	23b. Did tobacco use contribute to the cause of d							
should be				24a. Wes a perform	n eutopsy med?	con	ra autopsy findings illeble prior to apletion of causa leath?						
certificate has rector, page 2						1 □ Y	s 2 No	10	Yes 2□ No				
rector, p	Wes case referred to medical				26. Plece of Dec	th (Check only on	ne)						
5 L	examiner? 1 Yes No Hospitel:	1 ☐ Inpatiant 2 ☐ I	ER/Outpatient	3□ DOA Ot	hor:	oma 5 Reside		er (Specify)				
the funeral di	Menner of Deeth D☐Neturel 5 ☐ Pending 2 ☐ Accident investigation	Dete of Injury Month, Dey Year)	28b. Time of Injury	28c. Inju Wo M 1		28d. Describe ho							
Directification by	3 Suicide 6 Could not be determined 28e. F	Plece of Injury - At ho uilding, etc. (Specify	ome, ferm, stree	at, fectory, office		28f. Location (Si City or Town	treet end Numb n, Stete)	er or Rural	Route Number,				
uneral life edical C	a. Certifier (Check only one) 1 Certifying Physician: To not one)	ne basis of examinet menner steted.	tion and/or inve	stigation, In my	opinion, deeth occu	rred et the time, d	ate end place,	and due to	the cause(s)				
E O	o. Signatura and title at foortiller	Pa DA	COLE	29c. Lican	sa number	/ 2	9d. Dete signed	(Month, E	Dey, Year)				
	Name and address of person who completed TANULY WATKINS	cause of death (Item	23a) (Type, P	int)	to An	VACULI	ano c	211	401				
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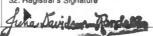


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	Exami	ner		TY MEDIO		rer			BALTI		4c. County	N/A				
	Funeral Director		5. Sociei Security Nu 217–24–3	310	7. Ag	a (In yrs. lasi	t birthday) Yrs.	If Under 1 Yaar Months Deys	If Undar 24 Hrs.	8. Data of Birt (Month, Data Jan - 9	, 1931		e (Stata or Foreign land			
	tend wo		Usual Rasidance of I 10a. State	Decedant 10b. County		10c. City, T	Town or Loc	ation	-			10d.	Inside City Limits			
	Mary	ctor	MD	N/2	Y]	Balt:	imore					1 Yas 2 □ No			
	h with th	al Director	10e. Street and Num		c Avenue	2		10f. Zip Coda 212	207			of Whet Country?				
020	72 hours after death with the Maryland natural; or items 23s or 28s-f show dical Examiner must be nutified at	by Funeral	11. Marital Status 1 Naver Marrie 3 Widowed 4	d 2 Married	12. Wes Decedant Armed Forcas? 1 ☐ Yas 2 ☐ I If Yas, Give Yaar or Datas:		If	/as Decedant of I Yas, specify Cub	Hispanic Origin? (Sj an, Maxican, Puerto Specify:	pecify Yas or No- Dican, atc.)	14. Rac Biad Specify	e - American ck, White, etc				
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ylai		To	Unkno						Sarah Frey							
, Maryland	nd 2 sith ar 27 is r trau		Joyce To								Number, City or Town, Stata, Zip Coda) Baltimore, MD 212					
Baltimore,	a to to			Cramation 3 □R	emovai from Stata	cam	atary, crem			Dete 5/24	20c. Location - Baltin					
Ball	permit. Pag Department Important: I eny injury o		1 Leve	Camalany, crematory or other place												
	Physician /Medical Examiner		Immediate Ceusa (F disaasa or condition rasulting in death)	U	e caute on each th	Dua to (or es	tat	cw	NG C			In	pproximate tervai Between nsat and Deeth			
Box 68760,	death certificate be axecuted e attanding physician and of for usa as tha burial-transit	in/Medical Examiner	Sequentially list condification, leading to immoduse. Enter Undert Cause (Disases or in that initiated events resulting in death) Leading in death) Leading le	nadiata yIng ijury c		Due to (or as					(-					
O. B	the atte	Physician/M	Pert II. Other signific	ant conditions con	Inbuting to death b	ut not rasultin	ng In tha un	darlying causa gi	van in Part I.	23b. Did t	obacco use co	ntribute to th	e cause of death?			
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ō	Phys r this ral di	lon: To	1 Yes 2 N 27. Manner of Death Natural	5 Panding	28a. Data of Inju (Month, Da)	ry 28	Outpatient b. Tima of Injury	28c. Inju	ry at rk?	oma 5 ☐ Rasid 28d. Describe h						
Division	Attender deatlector:	Certification:	2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide	invastigation 6 Could not be determined	28a. Placa of injubuilding, atd		ı, ferm, stra		Yas 2□No	28f. Location (S City or Tow	itreet and Numb n, Steta)	er or Rural R	oute Number,			
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State Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Physician !	
/Medical	
Examiner	
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BRIAN

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1:30

10d. insida City Limits

White

1 Yas 2 No

Funeral Director

Directo Funeral

deeth with the Marylend Peges 1 and 2 should be filed within 72 hours effer nent of Health end Mentel Hygiene. Int: If Item 27 Is marked other than "natural", or ite permit. Peges
Depertment of
Important: If Its
any injury or or

"natural", or items 23a or 28a-f show paical Examiner must be notified at

Physician /Medical Examiner

The law requires that the deeth certificate be executed ettending physicien end for use es the buriel-transit Division of Vital Records, P.O. Box 68760, by the e signed by t been signature ate hes t certificate Attanding Physician: P Certification: death. or Attandation of the deat à Medical

à

Completed

Be

1. Decedenf's Neme (First, Middle, Last) 2. Date of Death Month Day 1996 ARNOLD F. 25 MAY 4b. City, Town, or Location of Death BALTIMORE 4a. Facility Nama (If not institution, give street end number) 4c. County of Death 5500 **OUARANTINE** N/A if Under 1 Year | If Under 24 Hrs.
Months | Days | Hours | Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Birthplaca (State or Foreign Country) 10XM 20 F Yrs 32 216-76-1525 Oct. 18,1963 Maryland Usual Rasidance of Dacedant 10a. Stata 10c. City, Town or Location Md. Anne Arundel Glen Burnie 10e. Street and Number 10f. Zip Coda 10g, Citizan of What Country? 21060 604 Washington Avenue U.S.A. 12. Wes Decedant Evar In U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Bieck, White, etc. 11. Marital Sfatus 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yas, Giva 1 ☐ Yes 2X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Year or Detes Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) Collaga (1-4or 5+) 12 Mill Operator U.S. Gypsum Co. 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Millard J. Arnold Dorothy Mooney 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 604 Washington Avenue Glen Burnie, Maryland 21061 Lisa M. Arnold (Spouse) 20b. Placa of Disposition (Name of cemetery, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) Glen Haven Cemetery May 29, 1996 Glen Burnie, Maryland 21. Signature of Fuperal Service Licenses 22. Nama and Addrass of Facility Witzke Funeral Homes, Inc. 1630 Edmondson Avenue Catonsville, Maryland encee Fartt. Einer the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one could on each line. Immediata Causa (Final disaasa or condition resulting In death) a compression ASPHyxiA Dua to (or as a consequance of): Examine Sequantially list conditions, if any, laading to immadiete causa. Entar Undarlying Ceusa (Diseasa or Injury that initiated avants resulting in death) Last Due to (or as e consequança of) Physician/Medical Dua to (or as a consequance of): Pert II. Other significant conditions contributing to death but not rasulting in the undariying causa given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy

24b. Wara eutopsy findings aveileble prior to completion of cause of daath?

Approximate Interval Between Onset and Death

2 □ No 26. Placa of Death (Check only one)

1 Ves 2□ No

23.	axaminar?		to medical
7	Manner of	Doeth	

1 Neturel

2 Accident

3 Suicida

29a. Certifiar

4 Homicide

5 Panding invastigation 6 ☐ Could not be

28a. Date of Injury (Month, Day Year) FOUND 52596 28a. Piaca of Injury - At homa, farm, streat, factory, office building, etc. (Specify)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28b. Tima of 1230 A M

FACTORY, APLL

Other: 4 Nursing Homa 5 Rasidenca 6 MOther (Specify) SCENE 28c. Injury at Work 1 Yas 2 No

28d. Dascribe how Injury occurred

TRUDPPED IN CONVEYOR IS ELT

28f. Location (Street and Number or Rural Route Number, City or Town, State) 5500 QUARALTILL BALTHOVE LIND

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the fime, date and place, and due to the causa(s) and manner stated. (Check only 29b. Signature and title oi certifier

29c. Licansa number O.C.M.E

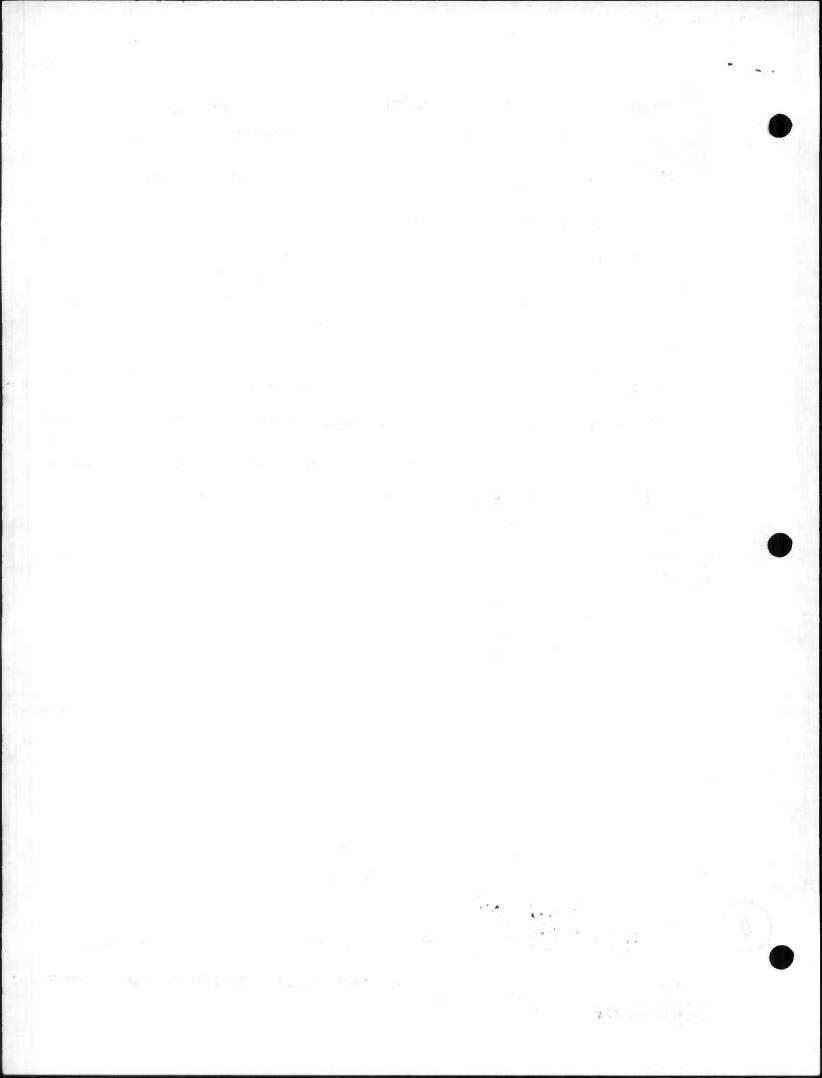
29d. Date signed (Month, Dey, Year) MAY 25,1996

Wille 30. Name and eddrass of person who complated cause of daath (Itam 23a) (Type, Print) TARYDALIN

111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Data filad (Month, Day, Year) MAY 2 8 1996



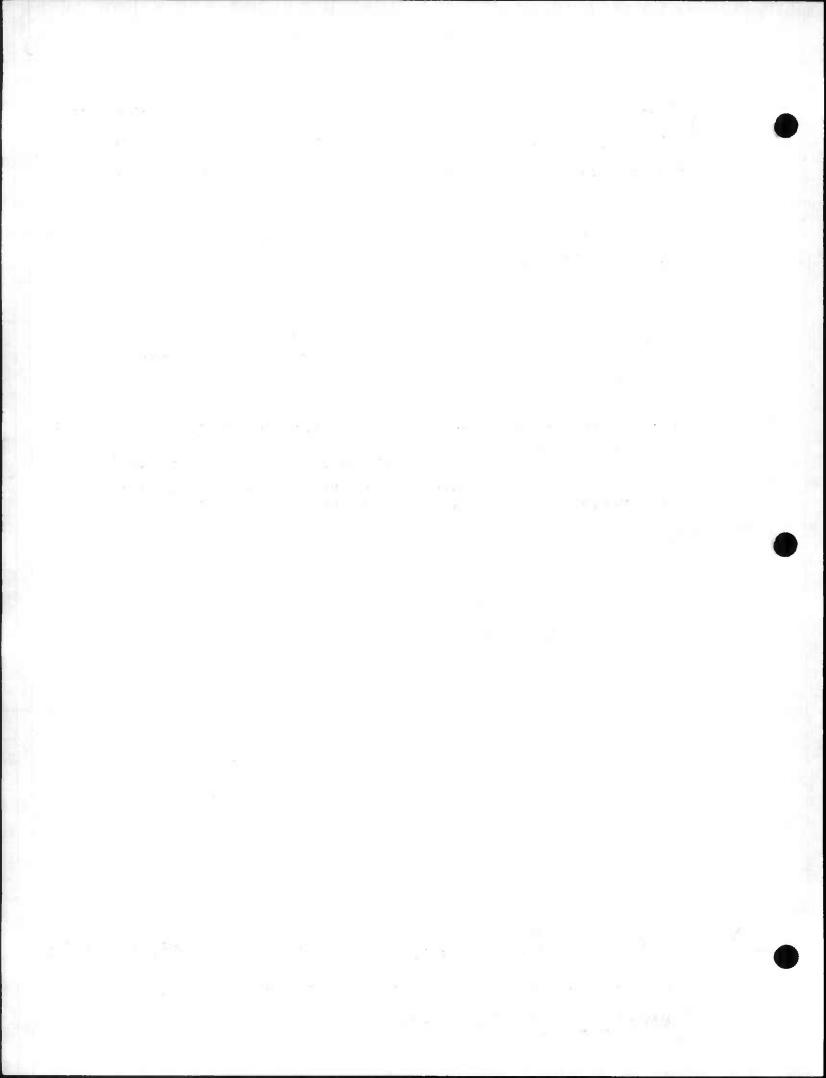
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State of Maryland / Department of Health and Mental Hygiene

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Exami		4a. Fecility Neme (If not Institution, gir	ve street and number)				4b. City, To	wn, or Locati	on of Deeth	4c. County		
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Funeral Director			Sex 7. Age	82		f Under 1 Yee flonths Dey		Min.	Dete of Birth (Month, Dey, ar 15	Year) ,1914	9. Birthple Count Mary	ece (Stete or F in) land
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the Marylans	Director	Md Balti	more	10c. City, Tov		ion					10	od. Inside City 1 ☐ Yes 2
or 28	- F	10e. Street end Number				10f. Zip Code			10	0g. Citizen of V	Whet Count	try?
th wit	0	301 S. Taylor	Ave			2122	1			USA		
items ?	Funeral	11. Maritel Stetus	12. Wes Decedent E	ver in U,S.	13. Wes	s Decedent of	Hispenic Orlo	gln? (Specify	Yes or No-	14. Rec	e - America	
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or At efter Direc	Certification:	4 ☐ Homicide determined	28e. Plece of Inju building, etc.	ry - At home, fa . <i>(Specify)</i>	arm, street,	tectory, office	Ð	28t.	City or Town	reet end Numb ı, State)	er or Rural	Houte Numbe
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Sta Registr	_	MAY O O 100C	A. K.	. M.								

DHMH 16 Rev 6/95



							Ce	rtificate	of L	Death			Reg. No.			
	- ·		1. Decedent's Nama (First, Midd	ile, Last)								2. Date of D			3. Time of Death	
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	/Medi Examii		4a. Facility Name (If not Institution	on, giva s	street and nu	mber)			4	b. City, To	wn, or L	ocation of Dea	th 4c. Coun	y of Death		
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Maryland 21215-0020	s 1 and 2 should be filed f Health and Mental Hyg Item 27 is marked othe other traumatic avent,		19a. Informant's Name/Relationship (Type, Print) MRS. ESSIE LEVIN (DAUGHTER) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, 7709 GRASTY RD. BALTIMORE, MD 21208											(Code)		
Baltimore,	permit. Peges 1 and 2 Department of Health s Important: If item 27 is any injury or other tra once.		20a. Method of Disposition 20b. Placa of Disposition (Name of Competent Com												own, State IORE, MD	
=======================================	ortar Inju		21. Signature of Funeral Service		9 1 -		2:	2. Nama and A	ddres	s of Facilit	ty					
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	Dhuninian		23a. Part1. Enter the disaasa, or complications that caused tha death. Do not aniar that mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximata interval Betwee Onsai and Deat													
	Physician / /Medical/															
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		Examiner	immediate Cause (Final disease or condition resulting in death) Status Epilepticus Due to (or as a consequence of): Parkinsonion 7 years													
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o`	exec n en iel-tri	edicai Exa	Sequentially lisi conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of):													
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>	s cert	To B	examinar? 1 ☐ Yes 2 No		ospifai:	inpatieni 2	ER/Outpatie	nt 3 DOA	Othe	1 1 2			idence 6 🗆 O	her (Specif	60)	
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/is	Attan r dea octor	fica	3 ☐ Suicide 6 ☐ Could	not be	28e. Piaca	of injury - At h	ome, farm, st	eet, factory, of	ffice			28f. Location	(Street and Nun	ber or Run	al Routa Number,	
ā	Direction of the direct	Certification:	4 ☐ Homicide datam		buildi	ng, etc. (Speci	fy)					City or To	iwn, State)	and variber of Harar House variber,		
	To the Mospital or Attanding Physician: The lew within 24 hours effer death. To the Funeral Director: After this certificata hes completely filled in by the funeral director, page 2	edicai C	29a. Certifier (Check only one) Cartifyin	ng Phys Examin	er: On the b	best of my kno asis of axamina ner stajed.	owledge, deat ation and/or in	n occurred at the	he tim my op	a, data an olnion, dea	d place, ih occur	and due to the red at the time	cause(s) and n	nanner as s , and due to	tated. o the cause(s)	
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	2		D33211 5/24/96 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) CHRISTINE BEU-LAFFERMAN MD Suite 508 1447 YOVER Rd LUMPEWILLE IND 21097													
	5		30. Name and address of person who completed cause of death (Item 23a) (Type, Print) CHRISTINE BEW-LAFFERMAN MD Swite 508 11447 York Rd Luthewille Ind 21092													
	Sta	te	31. Date filed (Month, Day, Year)			egistrar's Signa			<u> </u>						3	
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DHMH 16 Rav 6/95

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ral	5	. Social Security Nu			7. Age (In yrs. las		If Under 1	Yaer Days	If Unda Hours	r 24 Hrs. Min.	8. Data of Bi (Month, D	rth av. Year)	9. Birth	olaca (Stata or Forei
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Å.	•			ons contributing to death but not resulting in the underlying cause g				The state of the s			Yes 2 No	Pro	bably 4 Unkno	
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e T		4 Homicida	001011111100	buildin	g, atc. (Specify)					-5.24	City or To	wn, Stata)		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE Division of VII al Records P.O. Box 60760 Ballimore, Maryland 21215-0020

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SEE EXAMPLES ON BACK

ITEMS: 1. 17.18. PFR F'.H. FILM q-735 5/28/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Physician /Medical **Examiner**

Funeral Director

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b 'natural', the Medical filed within Hygiene. Pages 1 and 2 should be and Menta merked important: If item 27 is any injury or other 90cm. ä

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Examiner

Physician/Medical

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Maryland 21215-0020

Physician /Medical Examiner

physician and the bunal-transit The law requires that the death certificate be executed Box 68760. been signed by the should be detached Division of Vital Records, P. certificate has lirector, page 2 s funeral octor: 2

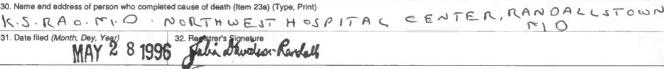
Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica To the Hospital or within 24 hours aft To the Funeral DI completely filled in

Certificate of Death 1. Decedent's Neme (First, Middle, Last) KATHRYN MARY BUTTON 2. Dete of Deeth 3. Time of Deeth Month Yeer KATHYRN - BUT MAY 24 5:20 PM 1996 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Death CENTER BALTIMORE RANDA LLSTOWN NORTHWEST HOSPITAL If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (Stete or Foreign Country) 1□M 2√F 74 Yrs PA 215-78-5864 SEPT.22, 1921 Usual Residence of Decedent 10b. County 10a. Stete 10c. City, Town or Location 10d. Inside City Limits HOWARD COLUMBIA MD 1 Ves 2 □ No Director 10f. Zip Code 10e. Street and Number 10g. Citizen of Whet Country? TISA 21044 6336 CEDAR LANE, APT. 251 Funeral 12. Was Decadent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 □ Never Merried 2 □ Married 1 ☐ Yes 2 ☑ No Specify: WHITE p 3 ₩ Widowed 4 Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) OWN HOME HOMEMAKER 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) - RAUSCHMIER RAUSCHMEIER CAROLYN NIEBELL 2 NEIBELL HOWARD 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4510 PROSPECT AVE; GLYNDON, MD MRS. KAREN BERLIN (DAUGHTER) 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 X Cremetion 3 ☐ Removel from State TOWSON, MD MAY 25, 1996 HILLTOP SERV. CORP 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility SOL LEVINSON & BROS., INC. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate shock, or heart feiture. List only one cause on each line. Approximete Intervei Between Onset end Death Immediate Cause (Final disease or condition resulting in deeth) NEUMONIA 3 WEEKS Due to (or es a consequence of) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): Due to (or es e consequença of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 dinknown DIABETES 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? HYPERTENSION 1 Yes 2 W OENENTIA 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Yes 2 ☑ No 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) Certification: 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 29b. Signeture end title of cartifier

State Registrar 31. Date filed (Month, Dey, Year) 1996



K.S.RAO.MI.O

30. Neme end eddress of person who completed cause of death (Item 23a) (Type, Print)

1) 43462

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DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician	ı
/Medical	ľ
Examiner	

FILM G-735 5/28/96 t.t

1. Decedent's Neme (First, Middle, Last) BERNARD

BOYD

2. Dete of Deeth Dey 22, 1996 MAY

3. Time of Deeth

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4e. Fecility Neme (If not institution, give street and number)

4b. City, Town, or Location of Deeth 4c. County of Deeth

7:30 AM

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural" ~- :- any injury or other traumatic event.

Physician /Medical Examiner

ettending physician and for use es the burial-transit Division of Vital Records, P.O. Box 68760, signed by t peen has After this certificate settor:

Completed

Be

Certification: To

Medical

	ST. JOSEPH MEDICAL CENTER	TOWSON	BALTIMORE
	5. Social Security Number 8. Sey 7. Age (in yrs. last birthdey) ff Under 1 Yes 194		9. Birthplece (State or Foreign Form)
ctor	10a. State 10b. County 10c. City, Town or Location Baltimo	re	10d. fnside City Limits
Funeral Director	3039 Presstman St. 21	1216	og. Citizen of Whet Country?
	11. Maritel Stetus 1 □ Never Merried 3 □ Widowed 4 □ Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 □ No If Yes, Give Year or Detes: 13. Wes Decedent or If Yes, specify Ct If Yes, Sive Year or Detes:	f Hispenic Origin? (Specify Yes or No- ban, Mexican, Puerto Rican, etc.) o Specify:	14. Rece - American Indien, Bleck, White, etc. Specify: 1270
Completed by	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) 16a. Decedent's Usuel Occ (Give kind of work don life. DO NOT use reli	e during most of working	16b. Kind of Business Andustry
To Be Co	17. Fether's Neme (First, Middle, Last) William Boyd	18. Mother's Name (First, Middle, M	reiden Surname)
	19e. Informent's Name/Reletionship (Type, Plint) Mrs, Ruth Boyd 3039 Pres	City or Town, Stete, Zip Code) alto, Md, 2/2/6	
	20e. Mejhod of Disposition 1 D Buriel 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify)	DREST 5/29/96 Dete	Batto: Md.
	21. Signature of Funeral Service Licensee 22. Name and Add Joseph 22.22	L. Kuss tun	eral Home Balto, Md. 2/2/6
	23a. Pert 1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dishocol or heart tailure. List only one ceuse on each line.	ying, such es cardiac or respiratory arre	Approximete Intervel Between Onset end Deeth
	Immediate Ceuse (Finel disease or condition resulting in death) MULTIPLE MYELOMA e.		1 WEEK
niner	Due to (or es e consequence of):		
i Exan	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause, (Disease or injury c.		
Physician/Medical Examiner	that initiated events resulting in deeth) Last Due to (or es e consequence of):		
by Physicia	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause of ACUTE RENAL FAILURE	given In Pert I. 23b. Dfd tol	bacco use contribute to the cause of death?
Ω			

HYPERCALCEMIA

24e. Wes an autopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of death?

1 🗆 Yes 2 No 1 ☐ Yes 2 No

25. Wes case referred to medical exeminer?
1 Yes 2 No 27. Menner of Deeth

6 Could not be determined

28e. Dete of Injury (Month, Dey Year) 5 Pending investigation

1 Npatient

28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

2 ER/Outpetient 3 DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work?

1 ☐ Yes 2 ☐ No

26. Piece of Deeth (Check only one)

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only one)

1 XNeturei

2 Accident

3 Suicide

4 - Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.

29b. Signature and little of confi

29c. License number

30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print)

RICHARD L. HUSLIG, M.D., 7505 OSLER DR., TOWSON, MD. 21204

State · Registrar 31. Dete filed (Month, Day, Yeer)

32. Registrar's Signature

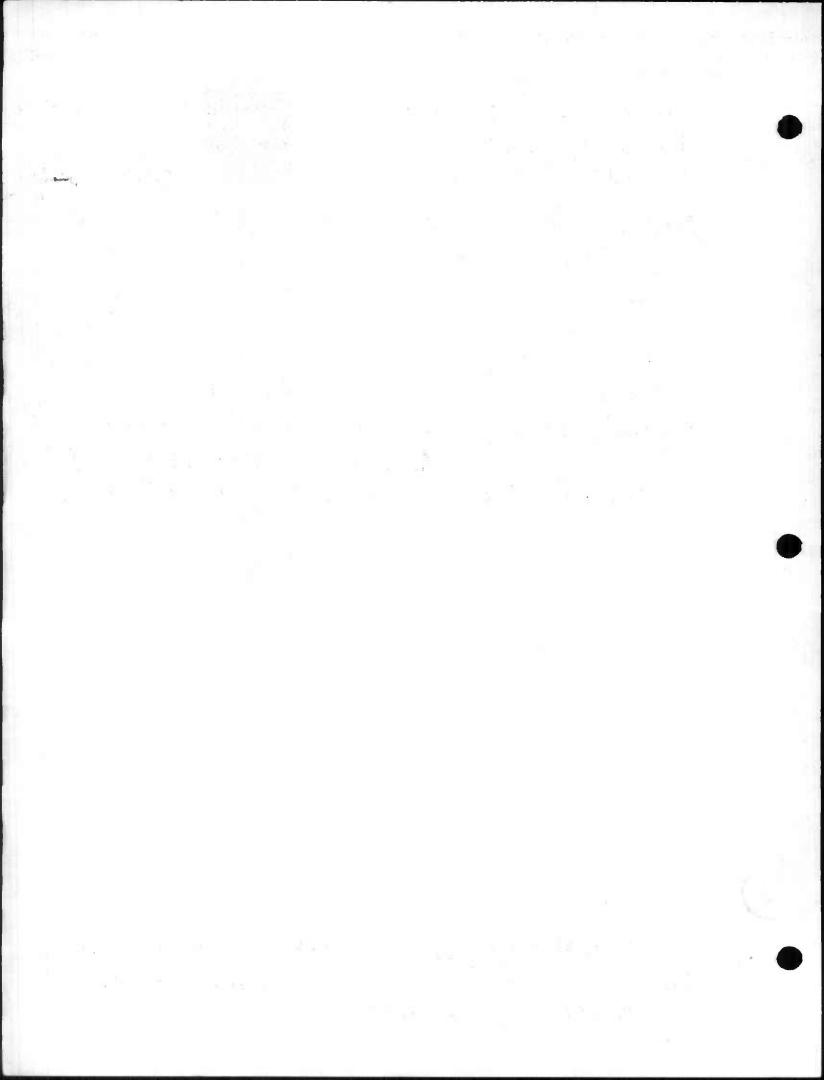
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			Certificate of Death	Reg. No.	10074
Ī	Physici		1. Decedent's Name (First, Middle, Last) Representation of the Re	2. Dete of Death Month Day 1991	3. Time of Death
À	/Medic Examir		4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Loc	cation of Death 4c. County of Deel	/
-	Funeral		5. Social Sacyrity Number 6. Sex 7. Aga (In yrs. last birthday) 11 M 22 F 7. Aga (In yrs. last birthday) 17. Aga (In yrs. last birthday) 18. Days Hours Min.	8. Date of Birth (Month, Day, Year)	hplece (State or Foreign
	Director		Usual Rasidence of Decedent 10e. Stete 10b. County 10c. City, Town or Location	749.24, 1723/Nor	10d. inside City Limita
	e Manyle	ctor	Maryland N/A Baltimore		1 Vas 2 No
	3a or 26	Funeral Director	10e. Street end Number Remonr Rd 2/2/7	10g. Citizen of What Co	ountry?
_	ter deat Nems 2 Inserma	-uner	11. Marital Status 12. Was Dacedant Evar in U.S. Armed Forces? 1 Nevar Merried 2 Married 12. Was Dacedant Evar in U.S. Armed Forces? 1 Yas, specify Cuban, Mexicen, Puerto F	cify Yas or No- Rican, atc.) 14. Race - Ame Bleck, Whit	
21215-0020	be filed within 72 hours efter death with the Marylend lat Hyglene. d other than "natural", or items 23a or 28a-f show event, the Madical Examiner must be notified at	þ	3 ☐ Wildowed 4 ☐ Divorced If Yes, Give / 1 ☐ Yes 2 ☐ No Specify: 1 ☐ Yes 2 ☐ No Specify:	Specify:	legro
1215-	Althin 72 ne. han "nat	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 18e. Decedent's Usuel Occupation (Give kind of work done during most of workin life. DO NOT use relired)	16b. Kind of Business/	a factorial d
nd 2	e filed with al Hygiene. other than	Be Col		(First, Middle Meiden Surneme)	mpioyea
Maryland	2 should be and Mental is marked of aumatic eve	To	Benne Bland Mar 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rugal	Keaves House Number, City or Town, State,	Zip Code)
	1 and 2 Health are om 27 is ther trau		Mrs. Addie Bland 7420 Remoor 7 20a. Method of Disposition 20b. Pleca of Disposition (Neme of	rd. Balto, M	d. 21207
Itimore,	Pages nent of ant: If its ary or o		1 Buriel 2 Cremetion 3 Removal from Stete 4 Donation 5 Other (Specify)	Data 20c. Location - City or 24/96 Balto.	Co. Md.
Ball	permit. Pag Depertment Important: I any Injury o		21. Signature of Funeral Service Libensee 22. Name end, Address of Faeility 30.5.e.b.h. L. 174.5.5	Funeral Hom	e 21011
			23a. Part / Enter the discerne, or complications that caused the death. Do not enter the mode of dying, such as cardiec or shock, or heart talue. List only one cause on each line.	r respiretory errest,	Approximete Intervel Between Onsat and Death
	Physician /Medicai Examiner		Immediata Causa (Finei diseese or condition resulting in death) a. Small cell caycinoma of ly	ff lung	5 months
		ner	Due to (or as a consequence of): It lives	metastasis	
Ć.	ificete be executed g physician end as the burlai-fransit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying		
68760	ficete be physicia is the bur	edical	Ceuse (Diseese or Injury thet initieled events resulting in deeth) Last Dua to (or as a consequence of):		•
Box (death certifi e attending ed for use as	lan/M	d		
P.0.	0 0 %	Physician/M	Pert II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.	23b. Did tobacco use contribute 1 ☐ Yes 2 ☐ No 3 ☐ P	to the cause of death?
rds,	law requires that the de es been signed by the a 2 should be detached	ρ	severe against arranging		Were eutopsy findings
Records,	hes bee ge 2 sho	Completed	Hypertensive Cardiovascular disease.		avallabla prior to complation of ceusa of deeth?
Vital	ysician: The lav is certificate hes director, page 2	Be Co	Chronic Obstructive lung disease stroke 25. Wes case referred to medical examiner? 26. Plece of Deeth		1 ☐ Yes 2 ☐ No
0	E E	은	1 Yas 2000 Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Hom 27. Menner of Deeth 28e. Date of Injury 28b. Time of 28c. Injury et 28	ne 5 Residence 6 □ Other (Spe 28d. Describe how injury occurred	cify)
IVISION	or Attending Father death.	Certification:	2 Accident Investigation 3 Sulcide 6 Could not be 28e Place of Injury - At home farm street fectory office 2	28f. Location (Street end Number or Ru	ural Route Number.
ś	offin or of the state of the st	Certi	4 ☐ Homicide building, etc. (Specify)	City or Town, State)	
_	within To the Full completely	Medical	29a. Certifier (Check only one) Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end pleca, en (Check only one) Medical Examiner: On the best of examinetion and/or Investigation, in my opinion, deeth occurred end menner stated.	ed et the time, date end place, end due	to the ceuse(s)
	5 y C P		29b. Signatura and title of certifiar Canal & Day D18362	29d. Deta signed (Mont	1996
,	4		39. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Komal K. Dang M.D., 3455, Wilkens Ave. Bo	alto. Md 21	229.
	Sta Registra		31. Date filed (Menth, Day, Year) 1996 32. Registrar's Righalure		·



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					Certificate d	of Death		Reg. No.		
Dhaminin		1. Decedent's Neme (First, Middle, L	ast)				2. Dete of D Month		Yeer	3. Time of Deeth
Physicia /Medica		Clarence	Junior		Ball		05	23	96	13/3
Examine	_	4e. Fecility Neme (If not institution, gi	ve street end number)			4b. City, Town	, or Location of Dee	th 4c. Count	y of Deeth	
	Н	17225 Troyer Ro	oad			Monkt		Ba1	timor	e
Funeral Director			Sex 7. Age 1XDM 2□F	(In yrs. last bir			Hrs. 8. Dete of B (Month, D) 03/14	irth ley, Year) /96	9. Birthpi Coun Balti	lece (Stete or Foreign try) more, MD
R +1		Usuel Residenca of Decedent 10e. Stete 10b. County		10c. City, Tow	n or Location				10	0d. Inside City Limits
or theme 23a or 28a-f sho	5	MD Baltimo	re	Monk	ton					1 ☐ Yes 2 ☐ No
128s	Funeral Director	10e. Street end Number	,10	HOH	10f. Zip Coo	de		10g. Citizen of	Whet Coun	try?
, e a		17225 Troyer Roa	ad			21111		II	SA	To the
itams 2 Der mu	Je i	11. Maritel Stetus	12. Wes Decedent E	ver in U,S.			? (Specify Yes or Nuerto Rican, etc.)		ca - America	
r, or its xamine	by Fu	1 ☐ Never Married 2 ☐ Married 3 🗓 Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:	0	1 ☐ Yes 2🌠		uerto Hican, etc.)		Bleck, White, etc. eclly: Black	
		15. Decedent's E	ducation	16a.	Decedent's Usual Oc	cupetion	working 16b. Kind of Busine			lustry
than the	e D	(Specify only highest gi Elementery/Secondery (0-12)	College (1-4or 5-	+)	(Give kind of work do life. DO NOT use re	one auring most or itired)	working			
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d other than event, the Ms	m m	17. Fether's Neme (First, Middle, Las	t)			18. Mother'e	Neme (First, Middle	e, Meiden Sumer	ne)	
arka	9	George Walter	Ball				ian Lou:		fton	
E E		19e. Informent's Name/Reletionship	(Type, Print)	19b	. Mailing Address (St.	reet and Number o	r Rural Route Num	ber, City or Town	, Stete, Zip	Code)
m 27 ber t	-		omwell		747 Troye	r Rd. W	Mitehall			
of the		20e. Method of Disposition	Hamoval from State	STEVEN	Disposition (Name of SON AME other	piece)	Dete 5/28/96	20c. Location	6-13-1-	wn, Stete
lant y		4 Donetion 5 Other Spec	54	Church	Cemetery	hodist	2/20/90	Sparks,	, MD	
Department of Health and Mental Hygi Important: If them 27 is merked other any injury or other traumatic event, Il otics.	+	21. Signature of Fungral Service Lice	gies par		22. Neme end Ad		f D	1 17 -	11	T .
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	7	23a Part: Enter the disease, or con shock, or heart feilure. List only	nplications that caused to	the deeth. Do	not enter the mode of	dying, such es car	rdiec or respiretory	errest,	Tanu	Approximete
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aminer		resulting in deeth)	. Chro	Due to (or es an	consequence all	J. V.			- 1	
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igned by the attendir	Physiciany	Pert II. Other significant conditions	contributing to death but	t not resulting Ir	the underlying cause	given In Pert I.	23b. Dio	I tobacco use co	entribute to	the cause of death
by th	2						15	Yes 2 No	3 Prob	pably 4 Unknow
68	2						- _/	Y		
been si	Completed						24a. We	s an autopsy formed?	24b. We	ere autopsy findings pilable prior to
0 N S	5				-				of c	npletion of cause death?
age of	E						1	Yes 2 No	10	Yes 2□ No
entifice sctor, p		25. Wes case referred to medical				26 Place of	Deeth (Check only	N		
al direc		exeminer? 1 Yes 2 No	Hospitel:	nt 2 ER/Ou	tpatient 3 DOA	Other: 4 Nursin		idence 8 Ott	ner (Specifi	()
eral eral		27. Menner of Death	28e. Date of Injury (Month, Dey		-	njury et Work?	-	how injury occur		,
al Director: After t led in by the funera		1 Neturel 5 ☐ Pending investigation		Year) li		Work? 1 ☐ Yes 2 ☐ No				
by th	2	3 ☐ Suicide 6 ☐ Could not I	286. Plece of injui	ry - At home, fe	rm, street, fectory, off	ice	28f. Location	(Street end Numi	ber or Rure	Route Number,
in in	5	4 Homicide	building, etc.	(Specify)			City or To	own, State)		
file		29e. Certifier 1□ Certifying P	hysician: To the best of	my knowledge	deeth occurred et th	e time, date end p	leca, end due to the	cause(s) end m	enner as st	eted.
ompletely fill	2	(Check only one) Madicai Exa	miner: On the besis of e	examinetion en	d/or Investigation, In n	ny opinion, deeth o	occurred et the time	, date end place,	end due to	the cause(s)
within 24 hours ener deem. To the Funeral Director: After this certificate he completely filled in by the funeral director, page Medical Certification: To De Comp	E	29b. Signeture end title of certifier	Λ		29c. Lic	ense number		29d. Date signe	d (Month, I	Dey, Year)
		J. C. wigan	Honora	7.M.) D	37632		MAY	15	1991
2	-		completed serves of di	oth (Itam 00a)		- 100		1/		
		30. Name and eddress of person who	CAN PAR ALLA			INDA!	AUF	BALT	o m	D 212 ×

State Registrar 31. Dete filed (Month, Dey, Yeer) MAY 2 8 1996 32. Apprinter's Signature



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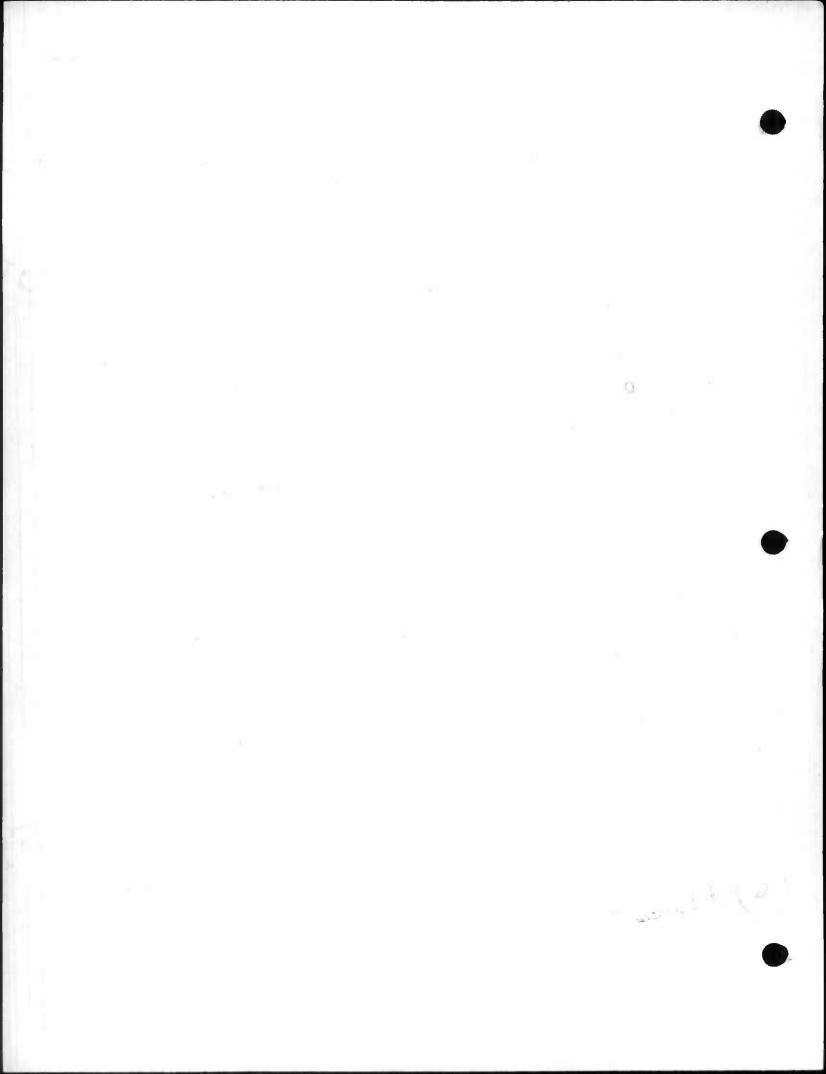
THE HOSPITUL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the invaprual or autentum, proposed.

TO THE RUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 1, 2, 3 should be detach

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
	Legenzo B	viveRSOX				MONTH DA	_	AR SC					
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. le	st birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign					
	018-03-8080 X	M 2 🗆 F 90	YRS. MOH	THE DAYS	HOURS MIN.	(Month, Day, Year)		ountry)					
	9e. FACILITY NAME (If not institution, give etreet and		96	CITY TOWN (R LOCATION OF DE	NOV. 28,	9c. COUNTY	JORGE, OK					
œ			-	1			11						
DIRECTOR	RESIDENCE OF DECEDENT	US HOME		Co	LUMBI	9	1-100	UAKD					
2	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d, INSIDE CITY					
<u>۾</u> ا	MD. Hou	UARD	EI	LICOTI	- 1:-11			LIMITS?					
	10e. STREET AND NUMBER	JAN-U	16	JI CU []	TID CODE		40. 0	1 YES 2 NO					
FUNERAL	23(14 Calvin	· Minala		""	21511		lug. CITIZEN	OF WHAT COUNTRY?					
빌	11. MARITAL STATUS	GRCLE			0/04	۷	Q.	S.H.					
5	1 Never Married 2 Married FO	S DECEDENT EVER IN U.S. APRCES? 1 TYPES 2		13. WAS DEC	ENDENT OF HISPANI scify Guben, Mexican	C ORIGIN? (Specify Yes , Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.					
B	3 Widowed 4 Divorced	YES, GIVE WAR OR DATE			2 NO Specify:			Specify:					
	15. DECEDENT'S EDUCATION		ECEDENT'S USU					WHILE					
	(Specify only highest grade complete	90) (0	Hive kind of work Do NOT use ref	done durina mo	st of working	16b. KIND OF BUS	INESS/INDUSTI	RY					
COMPLET	Elementary/Secondary (0-12) Colleg	ge (1-4 or 5 +)	aparts .		OFD	Tus	URAN	OF					
<u> </u>	17. FATHER'S NAME (First, Middle, Last)		703.01	ANCE				CP _a					
	TI. PATHER'S NAME (PIST, MIDDIN, LIST)	B. wen	2.17		16. MOTHER'S NAM	IE (First, Middle, Maiden S	Surneme)						
띪	DOKWIN D.	BOWERS		_		MAY ROVLE							
9	19a. INFORMANT'S NAME (Type/Print)		1.1	PRESS (Street a	nd Number or Rural R	oute Number, City or Town	State, Zip Code	21042					
	DAVID BOWER	SOX	2344	CAL	VIN CI	RCLE ELL	1 COTT	CITIL MD.					
	20a. METHOD OF DISPOSITION Suriel 2 Cremation 3 Removal Iron				me of A	DATE 20c. LOC	ATION — City	or Town, State					
	Buriel 2 Cremation 3 Removal from State Complete, Crematory Prother place) Complete, Crematory Prother place) WEST SOMERSET CEM. 3 198 TOWN DF SOMERSET												
	21. SIGNATURE OF FLOWERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 28.29 HUDSON 57												
	* Homes	Alba, S.	4	KA	EDA FA	1. 2017		13 717711					
	23. PART I. Enter the diseeses of complications	ations that caused the	1	0/1//	-011 / //	DALI	10	1D. 21224					
ĺ	ahock, or haart fallure. List onl	ly one cause on each line	eeth. Do not e e.	mer the mo	de ot dying, such	as cerdiac or reepir	atory arrest,	Approximate Interval Between					
	IMMEDIATE CAUSE (Final												
	disease or condition resulting in death) a. Usualtum procurrence Die to (OR AS A CONSEQUENCE OF): 5. Swallower, duador												
	_		OUENCE OF):		,								
No.	Sequentially list conditions,	DUE TO (OR AS A CONSE	, de	rad	an			7					
F	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A CONSE		NUS				1					
	CAUSE (Disease or Injury	DUE TO OR AS A CONSE	0-	203									
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST												
CERTIFICATION	d												
- 11	PART II. Other significant conditions contri	ibuting to deeth but not	resulting in th	a undarlying	cause givan in F	art I. 24s. WAS AN	UTOPSY	24b. WERE AUTOPSY FINDINGS					
2						PERFORI	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
EDICAL						1 D YES 2	NO	OF DEATH?					
2	DID TOBACCO USE CONTRIBUTE	E TO CAUSE OF DEA	TH VEC!		LINICEDTAIN	_		1 TES 2 NO					
A	25. WAS CASE REFERRED TO MEDICAL		E OF DEATH (C		UNCEKIAIN			NA					
<u> </u>	EXAMINER?	PITAL:	QT	HER:			•••						
	1 Ing		28b. TIME OF	1									
<u>≅</u>	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
	27. MANNER OF DEATH 28				ES 2 NO								
	27. MANNER OF DEATH 28 1 Natural 5 Pending 2 Accident Investigation					281. LOCATION (Street and Number or Rural Route Number,							
B	27. MANNER OF DEATH 28 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 28	le. PLACE OF INJURY — At he building, atc. (Specify)	me, lerm, street			281. LOCATION (Street er City or Town, Stete)	d Number or Ru	iral Route Number,					
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	e. PLACE OF INJURY — At he building, atc. (Specify)	me, lerm, street			201. LOCATION (Street or City or Town, State)	nd Number or Ru	iral Route Number,					
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To	the best of my knowledge, de	eth occurred at	, factory, office	end place, end due t	City or Town, State) the cause(e) end mann	ner ee stated.						
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	the best of my knowledge, de	eth occurred at	, factory, office	end place, end due t	City or Town, State) the cause(e) and mann	ner ee stated.						
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BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 28. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the	the best of my knowledge, de	eth occurred at	, factory, office	end place, end due to	City or Town, State) the cause(e) end manning, date and place, end	ner ee stated. due to lhe ceu	se(s) and manner as stated.					
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 28. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the	the best of my knowledge, de	eath occurred at investigation, in	the time, date my opinion, de	end place, end due to another occurred at the ti	o the cause(e) end manime, date and place, end	due to the ceu	nee(s) end manner es stated. NED (Month, Day, Year)					
TO BE COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the	the best of my knowledge, de	eath occurred at investigation, in	the time, date my opinion, de	end place, end due to another occurred at the ti	o the cause(e) end manime, date and place, end	due to the ceu	nee(s) and manner as stated. NED (Month, Day, Year)					
TO BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the	the best of my knowledge, de e basis of examination end/or	esth occurred at investigation, in M 27) (Type, Print D	the time, date my opinion, de	end place, end due to another occurred at the ti	o the cause(e) end manime, date and place, end	due to the ceu	se(s) and manner as stated.					
TO BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 8 Could not be determined 28. Could not be determined 29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the determined) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED ADDRESS OF PERSON WHO COMPLETED ADDRES	the best of my knowledge, de	esth occurred at investigation, in M 27) (Type, Print D	the time, date my opinion, de	end place, end due to another occurred at the ti	o the cause(e) end manime, date and place, end	due to the ceu	nee(s) end manner es stated. NED (Month, Day, Year)					

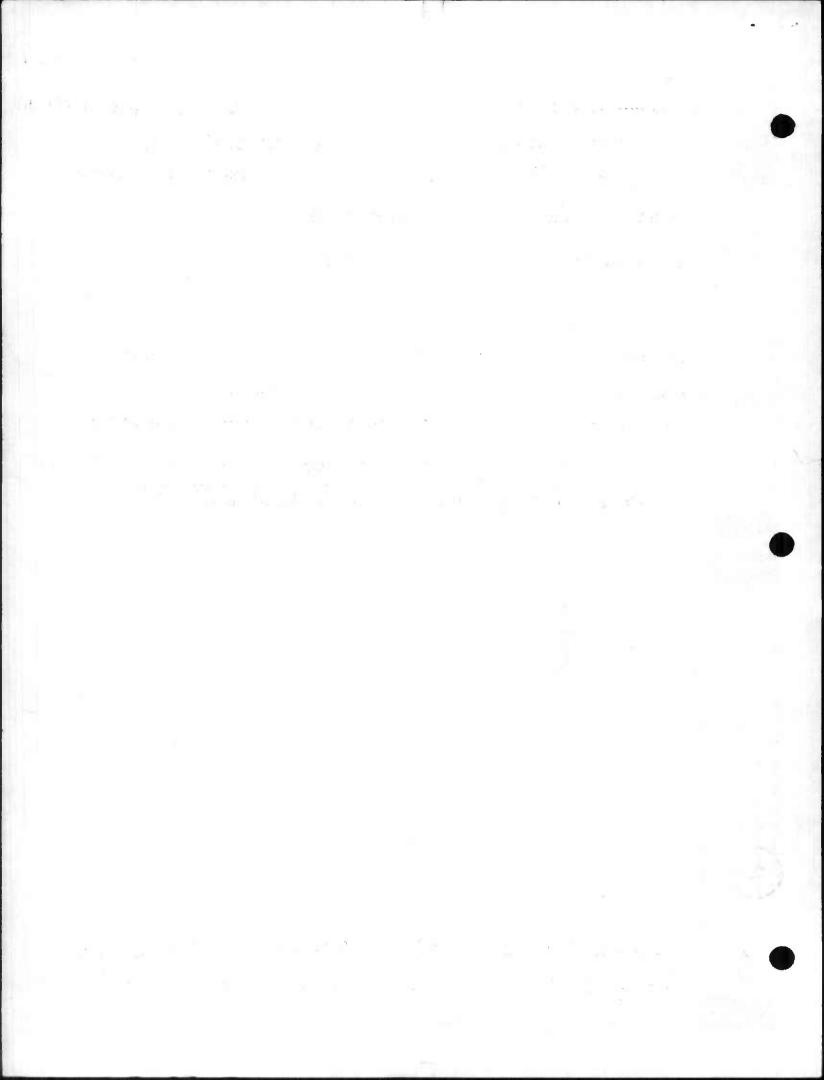


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

36

_						Cert	llliCa	ile of I	Dealli			Reg. No.		
	Physic	ian	1. Decedent's Neme (First, Middle, Las	t)							2. Date of De Month	eth Dey	Year	3. Time of Death
	/Medi	cal	Lovman A. B	eu	-1				U. Oh. Ta		May	23	1996	1.20 41
	Exami	ner	4e. Fecility Neme (If not institution, give)						cation of Deeth			
			5. Sociel Security Number 6. So		ge (In yrs. lest	hirthday	If Und	er 1 Yeer	BALT II		8. Dete of Birl	N/		an /State on Foreign
	Funeral Director			ZM 2□ F	94	Yrs.	Month		Hours	Min.	(Month, De May 12	v. Year)	MARYI	ece (State or Foreign
	_		Usuel Residence of Decedent								May 12	1902	PARTI	_AND
	ylen how		10e. Stete 10b. County	-	10c. City, T								10	d. Inside City Limits
	Mar Hied	to	MARYLAND N/A			BALT	IMOF	E CIT	ΓΥ					1 X Yes 2 No
	th th	Director	10e. Street end Number				10f. Z	ip Code				10g. Citizen of	Whet Count	ry?
	th wi		1000 Gilmor Street					21217 U.S.A.					.A.	
	r dea	Funeral	11. Mantel Stetus	12. Wes Decedent Armed Forces	t Ever In U,S.	13. W	es Dec Yes, sp	edent of Hi ecify Cube	ispenic Ori	gin? (Spe	Specify Yes or No- to Rican, etc.) 14. Race - / Bleck, V			
20	or it	by Ft	1 Never Merried 2 Married	1 ☐ Yes 2 X	XIO		_	2 No					Specify: BLACK	
8	ural'	Q P	3XXWidowed 4 □ Divorced	Yeer or Dates:				^	1017		1			
21215-0020	"nat	Completed	15. Decedent's Ed (Specify only highest grad	ucetion de com <i>pleted)</i>	1	6a. Decede	and of v	uel Occupi <i>ork d</i> one d u <i>se retired</i>	du <i>rina</i> mos	t of worki	ng	16b. Kind of B	usiness/indi	ustry
12	with ene. than	mc	5th grade	College (1-4or	5+)	Reti		000 1011100	,			Lab	orer	
	filed Hygi officer		17. Fether's Neme (First, Middle, Last)			NECTI	Eu		18. Mothe	r's Neme	(First, Middle,	Maiden Sumer	-	
Maryland	d 2 should be filed within 72 hours after death with the Maryland thend Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Expresser must be notified at	To Be	Amos Bell						S	anhro	onia Be	11		
ary	shou nd M	-	19e. Informent's Neme/Reletionship (7	ype, Print)	1	19b. Meiling	Addre	ss (Street		-		er, City or Town	Stete, Zip (Code)
	and 2 eith e 27 is		Anna Nelson			2745 F	Rigo	s Ave	enue,	Balt	timore,	Maryla	nd 21:	216
J.	of Heelth of Heelth Item 27		20e. Method of Disposition		20b. Plece	e of Dispos etery, crem	ition (N	eme of			Dete	20c. Location		
altimore,	Pages 1 and 2 mant of Health ant: If Item 27 la		1 XBuriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		9	t. Zio			•	5-	-28-96	BALTIM	ORF. I	MARYLAND
alt	Darti Parti		21. Signeture of Funeral Service Licente	100	2		Name	end Addres	s of Fecilit	У				
Ω	88 = 88		Hay (4.	100			11LL1/ 206 V			WN COMM	UNITY F	/H	
			23a. Pert1. Enter the disease, or comp shock, or heert feilure. List only of	lications that cause	d the deeth. [Do not ente					A. H. Sun L. I. Sall Am.	rest,		Approximete Intervel Between
ď	Physician													Onset end Deeth
.	/Medical Examiner		Immediate Cause (Finel diseese or condition	ahron	ic Obs	itrui	tiv	e Pi	u h	ma	y 1)15	451		
	Examino	_	Immediate Cause (Finel disease or condition resulting in deeth) e. Chronic Obstructive Pul money Disease Due to (or es e consequence of): Cardiac Armythmias											
	led lisit	in in		b. Card	rac f	twy	十八	MIR.	7					
	certificate be executed ding physician and use as the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (or es e consequence of):										
68760,	siciar buni		Cause (Diseese or Injury thet initieted events	C. — Due to (or on a consequence of):								1		
.89	ifficat g phy as th	/Medical	resulting In deeth) Lest	Due to (or es e consequence of):										
XO		2		d										
. B	death e atter ed for u	sicie	Pert II. Other significant conditions co	ntributing to death t	but not resultin	g In the un	derlying	ceuse give	en in Pert I	•	23b. Dld 1	obacco use co	ntribute to	the cause of death?
P.0	The law requires that the death ate hes been signed by the atter page 2 should be detached for a	Physician	Av nextensi	m							10	res 2 No	3 ☐ Prob	ably 4 Unknown
	gn ed	by	119 120 121											
of Vital Records,	v require been sign	be										en eutopsy med?	ave	re autopsy findings lleble prior to
ec C	hes be	Completed										/	of d	ppletion of cause eeth?
3		Con									101	es 202 No	1 🗆	Yes 2 No
ita	ician: The	Be	25. Wes case referred to medicel examiner?						26. Plece	of Deeth	(Check only o	ne)		
É	Physic this or	2	1 ☐ Yes 2 ☑ No	Hospital: 1 Inpati	ent 2 ER	Outpetient/	3□ [_	4 LI NU	rsing Hon	ne 5 Resid	lence 6 Oth	er (Specify))
6	a Bull	on:	27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending	28a. Date of Inju	ey Year) 28	b. Time of Injury		28c. Injun Worl			28d. Describe I	low Injury occur	red	
ř	for:	cat	2 Accident Investigation 3 Sulcide 6 Could not be	201 201			M		Yes 2□		201 1 1			
6	D by or	ertification:	4 Homicide determined	28e. Plece of In building, e	ijury - At home tc. <i>(Specify)</i>	, ferm, stre	et, fecto	ry, office		2	City or Tov	Street end Numi m, Stete)	ber or Hurai	Houte Number,
1	150	0	29a. Certifier 1 Certifying Phy	eleten: To the heet	of my knowled	dan dooth	00011770	d at the tim	o doto on	d place in	and due to the	augusta) and m		about .
3	24 h	edicai	(Check only one) 2 Medical Exam	ner: On the besis of end menner st	of examinetion	end/or inve	estigetic	n, in my op	oinion, dee	th occurre	ed et the time,	date end plece,	and due to	the ceuse(s)
	To the Howithin 24 h To the Fire completely	Me	29b. Signeture end title of certifier				2	9c. License				29d. Date signe		
	h		Flooras E.U) inly I	4 11.	D.		04	1369	2		May 2	3 19	96
	3		30. Neme end eddress of person who c	ompleted ceuse of		e) (Type, P	rint)					1	712	1.6
			George E. W.	icks M		260	Ph.	Libi	enty	He	ights	May 2. Ave	212	12
	Sta	te	31. Dete filed (Month, Day, Year)	32. Regist	rer's Signature)					J	,		
	Dominte	21	MAY 2 8 1996	Et land afternal	W . A	ad .								



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month ALBERT BARNES MAY /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SAINT AGNES HOSPITAL BALTIMORE N/A if Under 1 Year If Under 24 Hrs.

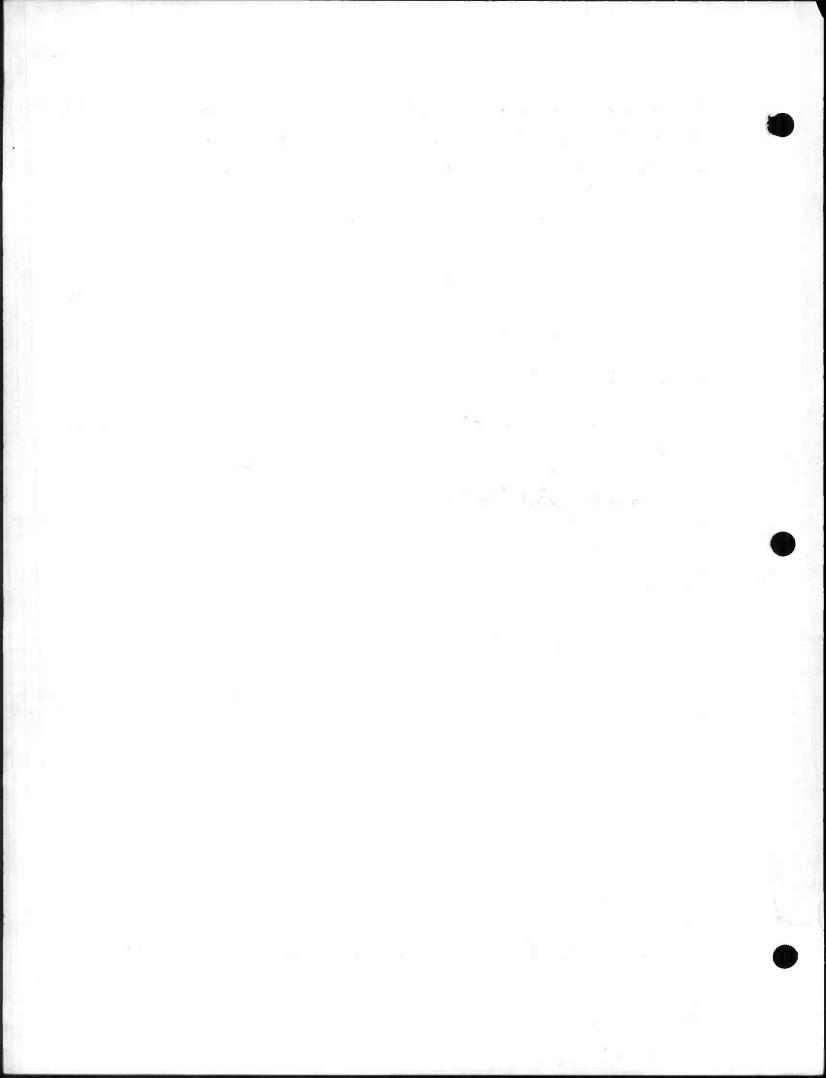
Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 6. Dete of Birth (Month, Dey, Yea Birthplece (State or Foreign Country) **Funeral** Months Deys № M 2□ F 245-16-2899 Yrs. Director 11,1924 NORTH CAROLI Usuel Residence of Decadent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ed other than "naturel", or items 23s or 28s-f show event, the Medical Examiner must be notified at f Yes 2 □ No Director MD. N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? parmit. Pages 1 and 2 should be filed within 72 hours after death with to Department of Heelth and Mental Hygiena. Important if them 27 is marked other than "naturel", or items 23s or 2 3410 JOANN DRIVE 21244 USA Funeral 12. Wes Decedent Ever in U.S. Armed Forces? // 1 5 / 4 3 1 ⊠ Yes 2 □ No If Yes, Give Yeer or Detes: 5 / 1 0 / 4 6 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 20 X Married 1 ☐ Yes 2 1 No BLACK by Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) OF PLANT MANAGEMENT U.S. POSTAL SERV. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) CHALMERS AARON BARNES OPHELIA WILLOUGHBY 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MARIE B. BARNES (WIFE) 3410 JOANN DRIVE BALTIMORE, MD. 21244 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Injury or 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FORESTA 5/24/96 OWINGS MILLS, MD. 22. Neme end Address of Fecility CAPLE FUNERAL SERVICE 5502 WINNER AVENUE BALTO, MD. 21215 ter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, rheart failure. List only one cause on each line. **Physician** /Medical immediete Cause (Final diseese or condition resulting in deeth) Examiner Examine or Attending Physician: The law requires that the death certificate be executed effer death. attending physician end for use as the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Venous Physician/Medical Due to (or es e consequenca of): CHF Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably € Unknown þ 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed s certificate has b 1 ☐ Yes 2 XN0 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner?
1 Yes 2 No Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA : After thi 27. Menner of Deeth 26b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigetion 1 Neturel 1 Yes 2 No 2 Accident Director: / 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours effer Funeral Dire letely filled In 5 Hospital 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the ceuse(s) end manner es steted. (Check only one) 2 Madical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. Within 2 To the 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Year) M.D 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) MOC 00 CATON

State Registrar

DHMH 16 Rev 6/95

32. Registrer's Signeture

Ave, Balto MD



State of Maryland / Department of Health and Mental Hygiene 96 15599

					Cei	rtificate (of Death		Reg. No.		10000
	Physic /Medi		Decedant's Nama (First, Middla, La. HERMAN L	3RANCH				2. Data of De Month MAY		Yaar 996	3. Tima of Death 10: 22/
	Exami	ner	4a. Facility Nama (If not Institution, giv. BAYVIEW MEDI					TIMORE		n/A	
	Funeral Director		5. Social Security Number 6. S 230-16-3157	7. Aga (In yrs	. last birthday) $oldsymbol{1}$ Yrs.	If Under 1 Y Months De		8. Data of Bir (Month, Da OCT 2.2	, 1924	9. Birthp	placa (Stata or Foreign RGINIA
	deeth with the Maryland rns 23a or 28a-f show r must be notified at	ctor	MD. 10b. County N/		ity, Town or Lo		LTIMORE			1	0d. Insida City Limits 1X Yas 2 □ No
	th with the 23a or 2	Funeral Director	10e. Street and Number 3236 TIOGA PA	RKWAY		10f. Zlp Cod	21215		10g. Citizan of What Country? USA		
020	ours after ral', or its Examine	by	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedant Forar In Armed Forcas? 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	52	Was Decedant f Yas, specify (1 ☐ Yas 2 🛣		Specify Yas or No rto Rican, atc.)	o- 14. Race - American Indian, Black, Whita, atc. Specify: BLACK		
21215-0020	within 72 ane. Ihan "nat	Completed	15. Decedant's Ed (Specify only highast gre Elementary/Secondary (0-12) 12TH	ucation da complated) College (1-4or 5+)		dent's Usuai Oo kind of work do DO NOT usa re RICKLA	ccupation ona during most of wo stired) YER	orking	16b. Kind of Businass/Indu		
Maryland 2	s 1 and 2 should be filed if Heelth and Mentel Hygie tam 27 is marked other other traumatic event, II	To Be C	17. Fathar's Nama (First, Middla, Last) FLETCHER BRAN	СН				ma (First, Middla,		na)	
	and 2 should be on the second to the second		19a. Intormant's Name/Relationship (7 LORENA L. BRA		19b. Mailin 5900	ng Address (St.	reet and Number or R	BLVD. B	er, City or Town ALTIMO	, Stata, Zip RE,	Code) 21239
Saltimore,	Pege nent o int: If		20a. Mathod of Disposition 1 → Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Spacify	Ramoval from Stata	cematary, cran	sition (Nama on atory or other BAPT	place)	Data 31/96	DOWNI		
Balt	permit. Pege Department of important: If any Injury or once.		21. Signature of Funarai Sarvice Lican	3. Cal			ddrass of Facility C	APLE F			
68760,	Physician /Medical Examiner pure-luarest	al Examiner	234 Part. Entar tha disaasa, or companies of the shock, or heart tailura. Instead only in the shock, or heart tailura. Instead only in the shock, or heart tailura. Instead only in the shock of the sho	a. END ST Dua to (Dua to (END ST	TAGE or as a conseq or as a conseq TAGE	LAR JUANCE of): LEN	EDIOMYD	OPATH			Approximata Infarral Batween Onsat and Death 2 YEARS 8 YEARS 10 YEARS
Box	that the deeth certificate be executed ed by the ettending physician and detached for use as the buriat-transit	Physician/Medical	rasulting in daath) Last Part II. Other significant conditions or	d	or as a consequence of a consequence of a co		a givan in Part I.	23b. Dld	tobacco use co	entribute to	the cause of death?
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of Vital Records,	S S S	Completed I						24a. Was perfo	an autopsy rmed?	ava	ara autopsy findings allable prior to mplation of causa death?
ital F	ysician: The lass certificate he director, page	Be Col	25. Was casa refarred to medical axaminar?				26. Place of De	ath (Check only o		10	□Yas 20 No
sion of V	inding Physician: ath. ir: After this certific te funeral director,	2	1 Yas 2 No 27. Mannar of Death 1 Natural 5 Panding 2 Accidant invastigation	Hospital: 1 Inpatient 2 2 28a. Data of Injury (Month, Day Yaar)	28b. Tima ot tnjury	28c. i	Other: 4 Nursing I injury at Work? 1 Yes 2 No	Homa 5 Rask	dance 8 Oth		()
Sivigo	ital or the examine de ral Directo	Certification:	3 Suicida 6 Could not be detarmined	28a. Place of Injury - At h building, atc. (Special	fy)			City or To	wn, Stata)		ol Routa Number,
-	To the Hosp within 24 lbs To the Fune completely fi	edicai	29a. Certifiar (Check only one) 1 Certifying Phy 2 Medicat Exam	atctan: To tha best of my kno iner: On tha besis of axamina and mannar statad.	owledga, daath ation and/or Inv	occurred at the astigation, in n	a tima, data and place ny opinion, daath occi	e, and dua to tha urred at tha tima,	causa(s) and madata and place,	annar as st and due to	ated. tha cause(s)
	To the within To the comple	W	29b. Signatura and title of certifiar	AR MO.		3	ansa number		29d. Data signe		
			30. Nama and address of person who of the state of the st	Togoer 110 6	77 23a) (Type, I	Print) Wolfe	St. John	Hopkins	- Hosp	Balto,	Ad-21231
	Sta	ite	MAY 2 8 1996	fali 320 hogistaris som	THE STATE OF THE S						

DHMH 16 Rev 6/95

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

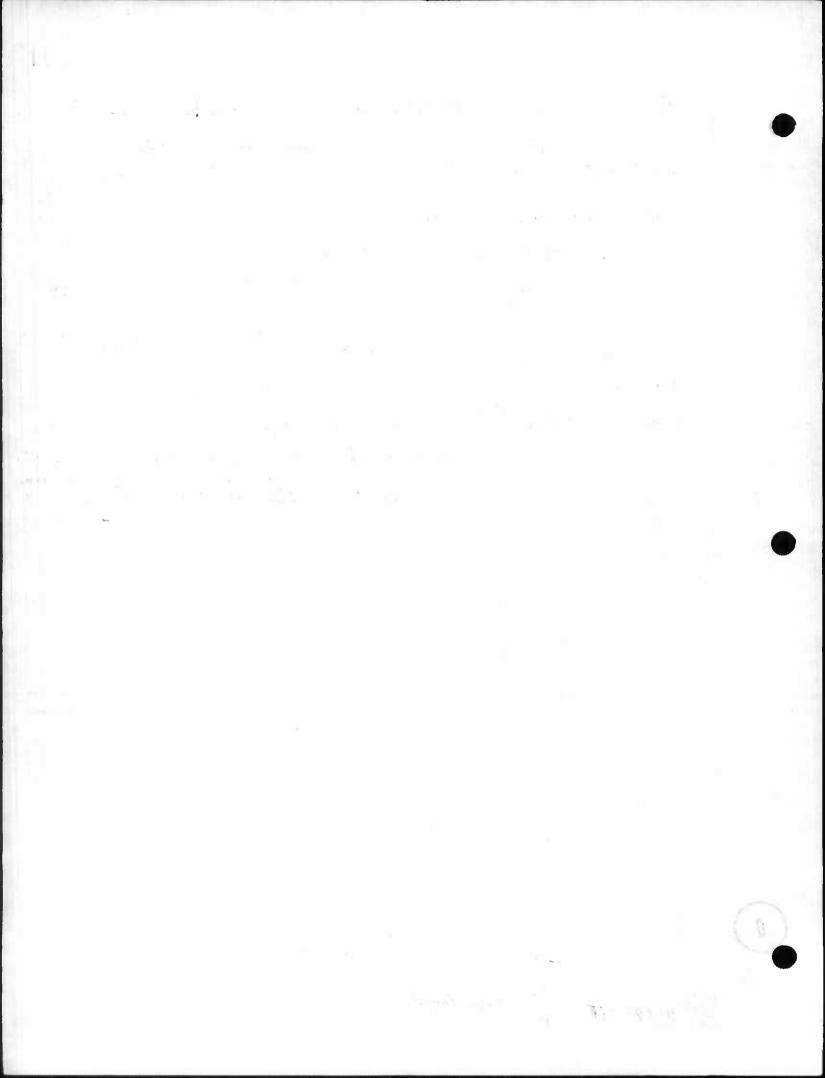
			,,	Cei	tificate o	f Death		Reg. No.	00	13000
Blood		1. Decedent's Name (First, Middle, Last)					2. Dete of D Month		Year	3. Time of Death
Physi- /Med		WALTER	BARNE	ES			MAY		996	1315 P
Exam		4a. Fecility Name (If not institution, give s	street end number)			4b. City, Town, or		th 4c. County	of Deeth	
Funera Directo		5. Social Security Number 6. Sept 1257_32-4741	ADWAY STREE 7. Age (In yrs	ET ROO! i. last birthday) Yrs.	M#30 If Under 1 Yes Months Dey			rth ey, Year) 1, 1928	9. Birthpla	aca (State or Foreign
Aaryland f ahow	٥	Usual Residence of Decedent 10a. State 10b. County N	10c. C	ity, Town or Lo	cation 2	*04		,	10	od. Inside City Limits
28a-	Director	10e. Street and Number		,,	10f. Zip Code	rure		10g. Citizen of	What Count	ry?
h with	ā	227 South	Broadw	ay	2	1231			USA	2
Nore, Maryland 21215-0020 gas 1 and 2 should be filed within 72 hours aftar death with the Maryland at of Haelih and Mental Hygiene. If Item 27 is marked other than "natural", or items 23a or 28a-1 show or other traumetic event, the Medical Examiner must be notified at	by Funeral	1 Never Married 2 Merried	12. Wes Decedent Ever In L Armed Forces? 1 ☐ Yes 2 M No If Yes, Give	1	Vas Decedent o I Yes, specify Cu I □ Yes 200 N	f Hispanic Origin? (Suban, Mexican, Puer o Specify:	pecify Yes or N to Rican, etc.)	o- 14. Rad Bla Specifi	ca - America ck, White, e	in Indien,
-00-	P P	3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Educ	Yeer or Dates:	16a Deced	lent's Usuel Occ	unation		16b. Kind of B	D/A	ustry
d 21215-0020 filed within 72 hours af Hyglene. ther than "natural; or ort, the Medical Exam	Completed	(Specify only highest grede Elementary/Secondary (0-12)		(Give	kind of work dor DO NOT use reti	ne during most of wo ired)	rking	Der	20/17	tion
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumetic event,	To Be C	17. Father's Name (First, Middle, Last) Albert Ba	rnes				me (First, Middle Knowi	a, Meiden Sumen	ne)	
Mar 12 sh h and 'Is m		19a. Informant's Name/Relationship (Type	pe, Print))19b. Mailin	g Address (Stre	et end Number or R		per, City or Town,	State, Zip (Code)
Baltimore, IV bearit. Pagas 1 and Department of Haalth moortant: If Hem 27 miny Injury or other tr		20a. Method of Disposition 1 Bunial 2 Cremetion 3 R		Pleca of Dispo- cemetery, cren	sition (Name of netory or other p	ilece)	L Date	20c. Location		1
Pa Pa		4 ☐ Donation 5 ☐ Other (Specify)	17	T. Z10	n Ces	2/	25/96	Lanso	town	SERVICE
Baltim permit. Pa Departmen Important: any Injury		21. Signature of Funeral Service License	b Cool	22	. Neme end Add					
_		23a. Racti - Enter the disease, or cample	cations that caused the dea	th. Do not ente	502 or the mode of d	WINNE.	A AVE	BAC		2) 2/2/4 Approximate
Physiclan /Medica		23a. Ratt. Effort in disease, or complishock, or heart failure. List only on Immediate Ceuse (Final	e ceuse on each line.	1	31 (10 111000 01 0	\ (l /			Interval Between Onset end Deeth
Examine		disease or condition resulting in death)	Minos	Chat	re car	010/600	ulas	OSERDE	,	
	ě		Due to (or as e conseq	uence of):					
68760, ifficate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions,	. Due to (or as a conseq	uence of):					
60, be ex		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury								
68760, tificata be expensional graphysiclan as the buria	edic	thet initieted events resulting in death) Lest	Due to (d	or es e consequ	uenca of):				į	
	N/	d								
O. B. It death	Physician/Medical	Part II. Other algnificant conditions con	tributing to death but not res	sulting In the ur	nderiying cause	given In Part I.	23b. Dld	tobacco uss co	entribute to	the causs of death?
IS, P.O. ras that the designed by the a							10	Yss 2 No	3 Prob	ebly 40 Unknown
Records, P.O. Box ha law requires that the death car a has been signed by the attendir age 2 should be detached for use	d by			<u> </u>			24a Wa	s an autopsy	24h Wei	re autopsy findings
cord w require been si	Completed						perl	ormed?	com	llable prior to apletion of cause leath?
Tha law ata has b	omp						10	Yes 2 No		Yes 2□ No
	BeC	25. Was cese referred to medical				26. Place of De		,		
- Z w T	To I	examiner? 1 X Yes 2 □ No	ospital: 1 ☐ Inpatient 2 ☐	ER/Outpatien	1 3□ DOA	Other: 4 Nursing H	lome 5 Res	Idence 6 Oth	ner (Specify))
In gun	 	27. Menner of Death 1 Netural 5 □ Pending	28a. Date of Injury (Month, Dey Year)	28b. Time of Injury	28c. In		28d. Describe	how Injury occur	red	
fending leath.	Certification:	2 Accident investigation 3 Suicide 6 Could not be	28e. Place of Injury - At h	nome farm stre		☐ Yes 2☐ No	28f Location	(Street and Numl	her or Rural	Route Number
in a land	erti	4 Homicide determined	building, etc. (Special	ify)	set, ractory, ome			wn, Stete)	yor or moral	Troute runnon,
To the Rophin Within 2° cours To the Fundant completely filled	Medical C	29a. Certifler (Check only one) 1 ☐ Certifying Phys 2 ☐ Medical Examin	Ician: To the best of my known: On the basis of exemine and manner steted.	owledge, death etion end/or inv	occurred at the estigation, in my	time, dete end place y opinion, death occu	e, and due to the urred at the time	cause(s) and ma dete end place,	anner as sta and due to	ited. the ceuse(s)
To the To the comp	M	29b. Signature and title of certifier	à _			C • M • E		29d. Date signe MAY 2		
		30. Name and address of person who con				eet, Bal	Ltimore	e, Mary	land	21201
St	ate	31. Date filed (Month, Dey, Year)	32. Registrar's Signa							
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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					Cer	titicat	e of	Death		44	Reg. No.		
Physic /Medi	cal	1. Decedent's Name (First, Middle RUTH)	NALES		AG	LIA		Ab City T-	wn or t	2. Dete of D Month MAY cation of Dee	23	1996	3. Time of Death
Examir	ner	4e. Facility Neme (If not institutio									4c. Count	ty of Deeth	
Funeral Director		St. Agnes F 5. Sociel Security Number 488-22-8650	lospital 6.Sex 1□M 2⊠F	7. Age (In yrs. les	t birthdey) Yrs.	If Under Months	1 Yeer Deys	Balt If Under Hours	1 MO 24 Hrs. Min.	8. Dete of B (Month, D	irth ey, Year)		ace (Stete or Forei
		Usuel Residence of Decedent								11/10	7 20	110.	
death with the Maryland ms 23s or 28s-f show r must be notified at	tor	MD Balt	imore		Town or Loc tons		е					10	od. tnside City Limit
or 28	Olrec	10e. Street and Number				10f. Zlp					10g. Citizen of	Whet Count	try?
23a	ai	1101 Outlet	Mills (Court		21	228	3			USA		
or its	by Funeral Director	11. Meritel Stetus 1 ☐ Never Merried 2 🔯 Mar 3 ☐ Widowed 4 ☐ Divorced	ried Armed F	2 □ No iive	1	/es Deced Yes, spec		dispenic Ori en, Mexicer Specify:	gln? (Spe 1, Puerto	ecify Yes or N Rican, etc.)	o- 14. Re Ble Speci	ice - Americe eck, White, e ify:	
- 30	Be Completed	(Specify only highe		0	16e. Deced (Give I life. D	ent's Usue and of wor	el Occup rk done se retire	etion during mos d)	t of worki	ing	16b. Kind of B		ustry 11igenc
s withir Jena. r than	mo	Elementery/Secondery (0-12) 12th	College	(1-4or 5+)		WAV						S Nav	-
s 1 and 2 should be filed f Health and Mental Hygistem 27 le marked other other treumatic event, I	To Be C	17. Fether's Neme (First, Middle, Elmer Wales	Last)	,						Meye	e, Meiden Surne	me)	
2 should be and Mente le marked eumatic e	۲	19e. Informent's Neme/Reletions	hlp (Type, Print)	Jushand	19b. Meiling	g Address	(Street				L ber, City or Town	n, Stete, Zip	Code)
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permit. Pagas 1 an Department of Haai Important: If Item 2 any Injury or other once.		1101 Outlet Mills Ct.Baltimore, 20a. Method of Disposition 20b. Plece of Disposition (Neme of temperature temperature) 20b. Plece of Disposition (Neme of temperature) 20c. Location - City temperature temperature 20c. Location - City temperature 2										- City or Tov	vn, Stete
Departm Departm Importa any Inju		21. Signature of Funeral Service	Licensee		22.	Neme en	d Addre	ss of Fecili	уЈоѕ	seph N	J. Zanr	nino	Jr.F.Ho
88 2 28		Joseph N-	man		26	33 S	. C	onk1	ing	St. E	Baltimo	ore,	Md.2122
certificate be axecuted ding physician and sa as the bunal-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of):										he day	
that the death c	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause										the cause of deat	
hat the ed by th datach		g and a state of the state of t								10	Yee 32No	3 Prob	ebly 4□Unkno
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The ata h	Com									10	Yes 2 No	1□	Yas 2□ No
ysiclan: The	Be	25. Wes case referred to medice examiner?						26. Place	of Deet	(Check only	one)		
5 00	²	1 ☐ Yes 2 No	Hospitel: 1 💢		VOutpetient			4 LI NU	irsing Ho	me 5 Res	idence 6 🗆 Ot	her (Specify)
After After funs	Certification:	27. Menner of Deeth 1 Neturel 5 Pendir 2 Accident Investir 3 Suicide 6 Could	getion not be	nth, Day Year)	Bb. Time of Injury	М		yet rk? Yes 2□	No		how injury occu		
pital or Attendurs after deat erel Director: filled in by the	Certif	4 Homicide determ	Ined 200. Piec	e of Injury - At home ling, etc. (Specify)	e, ferm, stre	et, fectory	, office			Zeti. Location City or To	(Street end Num own, State)	iber or Rurel	rioure Number,
Hope n 24 our	edicai	29e. Certifier (Check only one) Certifyin	Examiner: On the t	e best of my knowle basis of examinetion nner steted.	dge, deeth and/or inve	occurred e estigetion,	et the tir in my c	ne, dete en pini <i>on</i> , dee	d plece, a th occurr	and due to the ed et the time	ceuse(s) and m , dete end plece	enner es sta , end due to	ated. the ceuse(s)
A POO	ž	29b. Signeture end title of certifie				29c	. Licens	e number			29d. Dete sign	ed (Month, E	Dey, Year)
			191				PO	1988	4		MAY .:	23.	1996.
5. Sta Registr		30. Name end address of person DR K VENKATA 31. Dete filled (Month, Day, Year)	RAM :	se of deeth (Item 20		Print)	AL	900	C	ATON A	v2. Br	+CTIM	082.



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

15602

						CE	ertifica	ite of	Death		Reg. No.			
	Physic		Decedent's Name (First, Middle JOSEPH	, Last)		BUCCI				2. Dete of De Month MAY	Day 26, 1	Year	3. Time of Death 11:35 P	
e e	/Medi Exami		4a. Facility Name (if not institution	DOOOL	4b. City, Town, or Lo						11:33 P			
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Ī	Funeral Director		5. Social Security Number 216–32–9240	6. Sax 1 M 2 □ F	T	rs. last birthday Yrs.		er 1 Year Deys	BALTIMORI if Undar 24 Hrs. Hours Min.	8. Date of Bi (Month, Di	rth ay, Year)	9. Birthplac	ca (State or Foreign	
	_		Usual Rasidence of Decadent										land	
	ylanc m v		10a. State 10b. County		10c.	City, Town or L	ocation					10d	I. Inside City Limits	
	is 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mantial Hygiene. The marked other than "natural", or items 23e or 28e-f show other traumatic event, the Medical Examinet must be notified at	to	Maryland Bal	and Baltimore Baltimore										
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	Seath Tre 2		11. Marital Status	12. Was De	. Was Decedant Evar In U.S. 13. Was Decedant of Hispenic Origin? (Sp							ce - Amarican	Indian,	
0		Ē	1 ☐ Nevar Marriad 2 ☐ Marria	ad 1 ☐ Yes	Armed Forces? It Yes, sp 1 □ Yes 2 ☒ No If Yes, Give 1 □ Yes Year or Dates:					o Rican, atc.)	Bia	ck, Whita, ato	> .	
21215-0020	urs a	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Year or				2] No	Specify:		Specif	y: Wh	ite	
Ò	2 ho	Completed	15. Decedent	s Education		16a. Dec	edent's Us	uai Occup	etion		16b. Kind of B	usiness/indu	stry	
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ם	of the first	Be	17. Father's Name (First, Middla, L	ast)					18. Mother's Nam	ne (First, Middle	, Maiden Suman	ne)		
Maryland	lid be lantal red o	To	Dominic Franci	is Bucci	. Sr.				Monica.	Trene G	asiorow	ski		
a	z should be filed with and Mental Hyglene. s marked other than aumatic event, the N	-	19a. Intormant's Name/Ralationsh			19b. Mai	ling Addre	ss (Street	and Number or Ru				ode)	
	alth a 27 is 27 is		Dominic F. Bucc	ci, Jr.,	brothe	r 201	3 Cod	d Ave	enue. Bal	timore.	Md. 21	222		
ē,	t. Paga ntmant c		20a. Method of Disposition		20b	Placa of Disc	osition (N	ame of		Data	20c. Location		n, Stata	
Ĕ			1 Burial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Mother (Specify)Entombment Cedar Hill Cemetery 21. Signature of Funeral Service Licansee 22. Nama and Addrass of Facility Matthews Funeral Home											
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			23a. Part1. Entar the disease, or o	mate	hews		3021	East	ern Ave.,	Baltin	nore, Md		4 Approximate	
1	Examiner and fransit		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate		Due to	(or as a conse	o ecneupe	i): CANCO	es swi er	REVIE			2.0095 WEEK	
	n certificate be asscuted anding physician and use as the bunal-transit	in/Medical Examiner	Cause (Disease or Injury that Initiated events rasulting in death) Last Due to (or as a consequence of): d											
	ina taw requires mat ma deam ate has been signed by the atter page 2 should be datached for u	Physicia	Part II. Other significant condition	23b. Did tobacco usa contributa to the cause of death										
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SD	sign of be	d by								24a Was	an autopsy	24b. Were	autopsy findings	
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or vital Records,	cartificata	Be	25. Was casa reterred to medical examiner?	Hospital:	,			Oth	26. Place of Dea					
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	Aftar fune	ation	27. Manner of Death 1 Naturel 5 Pending 2 Accident investigs		nth, Day Year)	28b. Time Injury	ot M	28c. Injur Wor 1 🗆	yat k? Yes 2 □ No	28d. Describe	cribe how Injury occurred			
	after deat Director: of in by the	Certification:	3 Suicide 6 Could no determine	ned 288. Plac	e of Injury - At ding, etc. (Spe		treet, tecto	ory, office		28f. Location City or To	Location (Street and Number or Rural Route Number, City or Town, State)			
6	T I	Medical	29a. Certifier (Check only one) 1 Certifying 2 Medical E	xaminer: On tha I	e bast of my ki basis of examin	nowledga, daa nation and/or i	th occurre	d at tha tin	ne, date and placa, pinion, death occur	, and due to the rred at the time,	cause(s) and made and placa,	anner as state and due to th	ed. na cause(s)	
1/8	Ma d	Me	29b. Signatury and titla of certifler	7			2	9c. Licans	e number		29d. Data signe	ed (Month, Da	ıy, Year)	
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,)rvon)	mexic	M)			14	7390		1107	6	٠ ب	
	10		30. Name and address of person w	ho completed cau	ise of death (It	em 23a) (Type	, Print) Catol	chy	CENTER					
	Sta	ate	_											
	Reaisti		31. Date filed (Month, Day, Year) MAY 28	1996	Registrar's Sig	avidson-	Congal	6						

Registrar

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4

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** 3:30 AM Edward Louis Buchheister 1996 May 24, /Medical 4b. City, Town, or Location of Daath 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) Examiner N/A 4328 Shamrock Avenue Baltimore If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number Birthplaca (Steta or Foraign Country) 8. Data of Birth (Month, Dey, Year) 6 Sex 7. Age (In yrs. lest birthday) **Funeral** 1□M 2□F Months Days Hours 213-07-1038 89 Yrs. Director 2/11/1907 Maryland Usual Residence of Decedent the Maryland 10e State 10b County 10c. City. Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examiner must be notified at 1.□Yas 2□No Director N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4328 Shamrock Avenue 21206 U.S.A. daath Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Reca - American Indian 11. Marital Status Bleck, White, etc. 72 hours aftar 1 Navar Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify:White þ 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highast grade completed) 16b. Kind of Business/Industry permit. Pagas 1 and 2 should be filed within Department of Heatth and Mantal Hygiena. Important: If item 27 is marked other than "I any injury or other traumatic event, the Next Elementery/Secondery (0-12) College (1-4or 5+) Electric Welder Steel Mill 17. Father's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Anna Simon Jacob Henry Buchheister 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Straet end Number or Rural Routa Number, City or Town, Steta, Zip Code) Theresa Buchheister 4328 Shamrock Avenue Baltimore, Maryland 21206 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 Cremation 3 Removel from Stete 4 Donation 5 Other (Specify) Gardens of Faith Cemetery 5/28/96 Baltimore, Maryland 21. Signaturi 22. Name end Address of Feellity The Dippel Funeral Home Inc. 7110 Belair Road Baltimore, Maryland ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, a cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medicai Immediate Cause (Final disaesa or condition rasulting in death) Examiner Examiner Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in death) Last Due to (or es a consaquance of): and physician s s tha burial Records, P.O. Box 68760. The law requires that the death certificate be Physician/Medical Due to (or es e consequence of): attanding 0 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Wes en eutopsy Completed cartificata has 2 No 1 Tyes 1 ☐ Yes 2 ☐ No of Vital Physician: Be 25. Wes case referred to medical 26. Plece of Daeth (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) To 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatlent 3 ☐ DOA this 28c. Injury at Work? Medical Certification: 27. Mennes of Death Dete of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 1 Meturel 5 Pending Investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be 3 Sulcida Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours To the Funeral complataly filed 1 Destifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

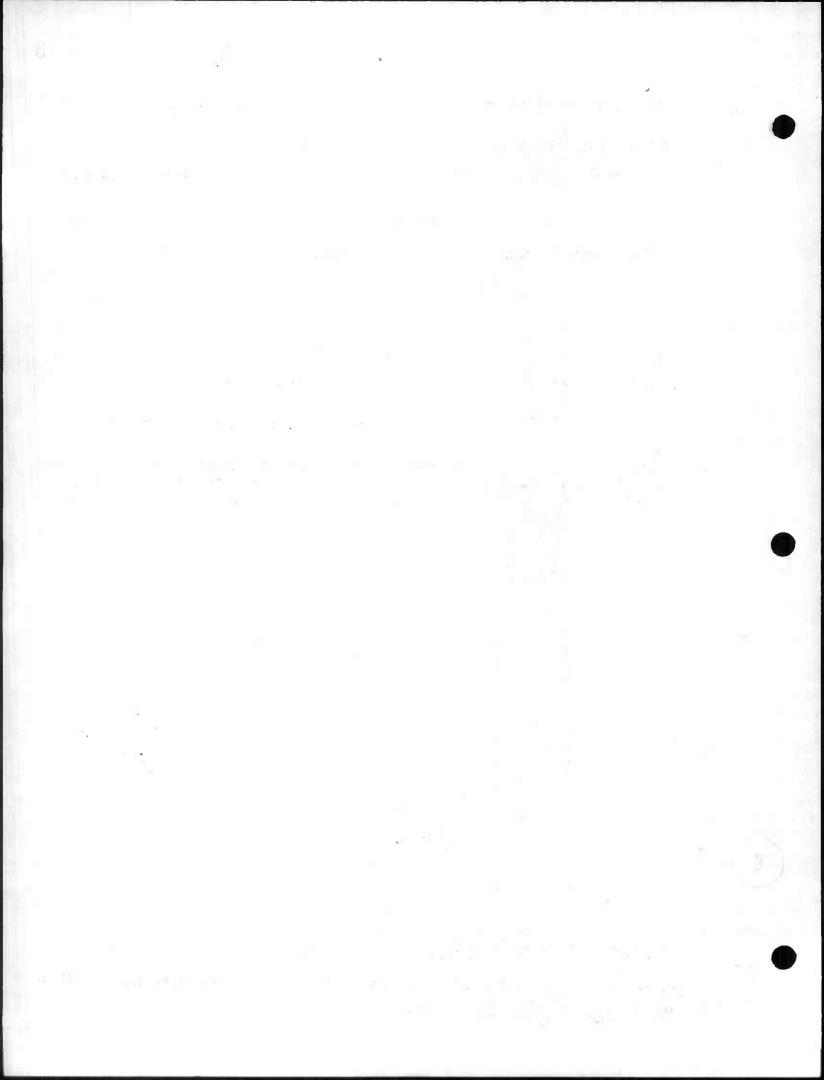
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier (Check only one) 29b. Signature and title of certifian 29d. Date signed (Month, Dey, Year) 29c. License number hysi ac

State Registrar

Robert Hsiao Good Samariton Hospital Russul Morgan Bldg.Baltimore, Maryland 21239 32 Degistrer's Storature

30. Neme and eddress of parson who completed cause of deeth (Item 23e) (Type, Print)

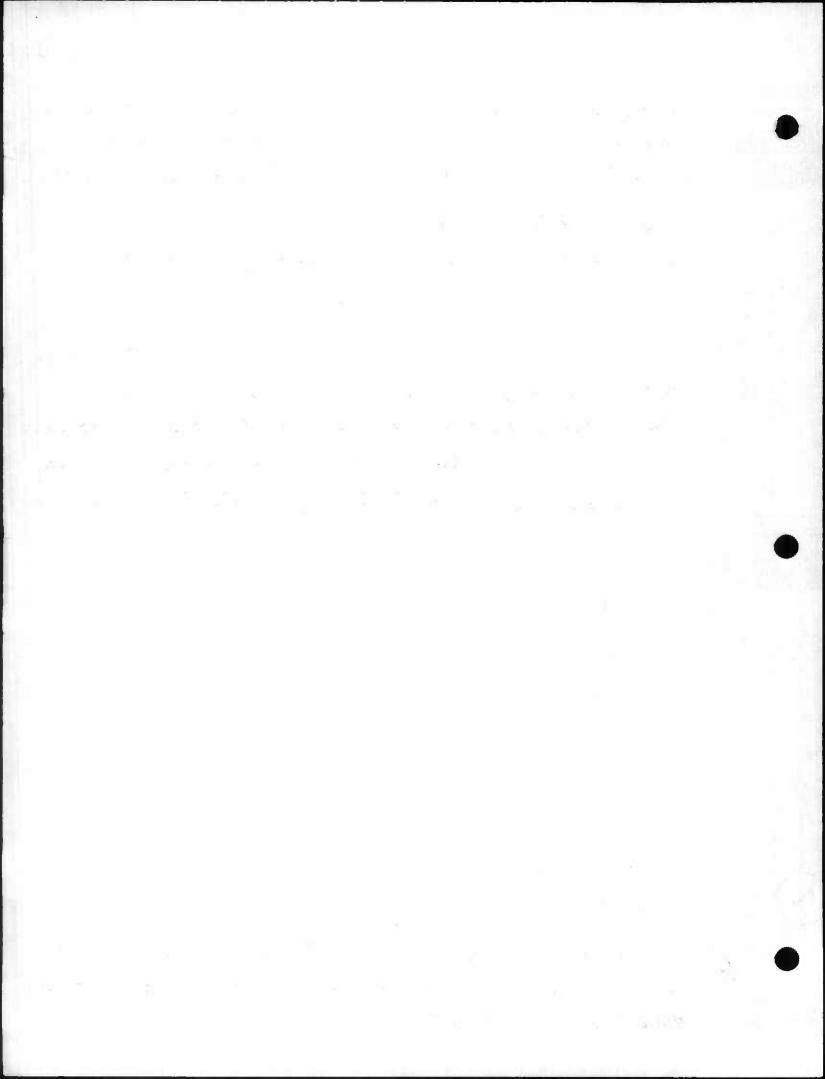
MAY 28 1996



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

					Certificate of	of Death		Reg. No.				
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		Usual Residence of Decedent					may	- (11)	1114	rylun		
dand dang		10a. Stete 10b. County		10c. City,	Town or Location				10	d. Inside City Lir		
Mary Feb	ō	MD N	1/A	Ba	1timore					1 🛛 Yas 2 🗆		
r 28a-f show	Joe C	10e. Street and Number			10f. Zip Cod	9		10g. Citizen of N	What Count	n/2		
E o E	Funeral Director	2103 w. M								191		
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should be nd Mental marked c	To	Milliams I'i	nkney	1,10	der	Flore	nce	Yaia	, e			
2 sho		17. Father's Name (First, Middla, La: William Pi 19e. Informent's Neme/Reletionship	(Type, Print)		19b. Meiling Addrass (Stre	eet and Number or Rura	I Route Numb	er, City or Town,	Stata, Zip (Code)		
s 1 and 2 should f Health and Mer frem 27 is marks other traumatic		OTHINA DATE	nes daug	hter	9805 B1	rompton	87 K	Saltim	ore m	512 Or		
of H		20a. Mathod of Disposition 1 🖾 Burial 2 □ Cremetion 3	□ Barnaval from State	20b. Ple	ce of Dispositi <i>on (Nam</i> e of natary, crematory or other i	olace)	Dete	20c. Location -	City or Tow	vn, Stete		
ermit. Pages 1 en Depertment of Healt mortant: if item 2: ny injury or other ince.		4 Donetion 5 Other (Spec			Itimore (
2222.		21. Signeture of Funeral Sarvice Lic	ensae									
Depe Impo any i		DI 0 0	1. 7	.)	march	trass of Facility	1 Hov	ne, w	050			
_		23a, Pert1. Enter tha disease, or co	molications that cause	d the death	Do not enter the mode of o	Dabash	r respiretory e	Baltim rrest		Approximata		
Dhysisian		23a. Pert1. Enter tha disease, or complications that caused tha death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line.										
Physician /Medical		Immediete Ceusa (Finel								Onset end Deeth		
Examiner		diseese or condition resulting in deeth)	a. Se		SHOCIC				t	1 WORK		
	<u>-</u>				s a consequence of):							
ted isit	in in		b				1	LWEEK				
be execut	хаг	Sequentially list conditions, if env. leeding to immediate										
be e lcian burie	aiE	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents Due to (or es e consequence of): Due to (or es e consequence of):										
ertificeta be executed ling physician and se as the buriel-transit	edicai Examiner	resulting in death) Last Dua to (or as e consequence of):										
in e	2		d						i			
v requires thet the deeth or been signed by the ettend should be detached for us	Completed by Physician								!			
e de the e	sic	Pert II. Other significant conditions	contributing to death I	but not rasulti	ng in tha undarlying cause	given in Pert I.	23b. Dld	tobacco use co	ntribute to	the cause of de		
requires thet the een signed by the hould be detache	P.	ACUER LOS	IAI PA	1112	c. Acu		10	Yes 2 No	3 Prob	ably 4 Unkr		
es the	þ	7,000,0				7 0						
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The la ata he page	E	GISTRESI SYN.	11176 11	maar,	FAILURS.	11 51.5	10	Yes 2 No	10	Yes 25 No		
delan: The	Bec	25. Was cese referred to medical	7,467(6 , 17	Challe	- MATECULA,	28. Pleca of Death						
	To B	axeminer? 1 ☐ Yes 2X No	Hospitel:	iont 2 🗆 El	R/Outpatient 3 DOA	Other: 4 Nursing Hor			or /Consist	1		
Phy rthis aral d		27. Manner of Deeth	28e. Data of Inju		Voutpatient 3D DOA	4 Ituising Ho		how injury occur		<u></u>		
SA P	tio	1 Netural 5 ☐ Pending 2 ☐ Accident invastigeti		ay Year)		Vork? ☐ Yes 2 ☐ No						
Attend or deall ector: by the	lica	3 ☐ Suicide 6 ☐ Could not	be goo Diago of to	iury - At hom	e, farm, street, fectory, offic		28f. Location /	Street and Numb	per or Rural	Routs Number		
after Dire	Certification:	4 ☐ Homicida determine	building, e	c. (Specify)	0, 141111, 311001, 1001019, 01111		City or To	wn, State)		Trouta Training		
To the Hospital or Attenswithin 24 hours after deal within 24 hours after deal To the Funeral Director: completely filled in by the		29a. Certifier Certifying P	Thursdalam. To the heat	of my transit	adan adalah assarad at the	Almaid adulti ilian alla alla alla alla alla alla al				ion.		
To the Hospita within 24 hours To the Funeral completely filler	edicai	(Check only one) 2 Medical Ext	aminer: On tha basis o	of examinetion	edge, deeth occurred et than a and/or investigetion, in m	tima, data end place, e y opinion, daeth occurre	end due to the ed et the tima,	date end plece,	annar as sta	tha cause(s)		
2 4 2 d	Z e	29b. Signature and titla of certifier	and mannar st	teted.	200 110	man averbar		20d Data slane	d /0.4==45 C	Yearl		
of a co	_	255. Signature and title of certifier		,		inse number		29d. Data signe				
,	- 1	UJ. Swe	57	٥		23308		MAT	. 26	(446		
6		30. Nema and address of person who	o completed ceuse of									
		IT CAN JUGA	H-MAN		rect Hos	1184L	15427	MONE	9	2123		
Sta	te	31. Dete filed (Month, Day, Year)	9 a. 32 Regist	rer's Signetur	· e							
Registr	ar	MAY 28 1996	La Day door	v-Nouse	No.							

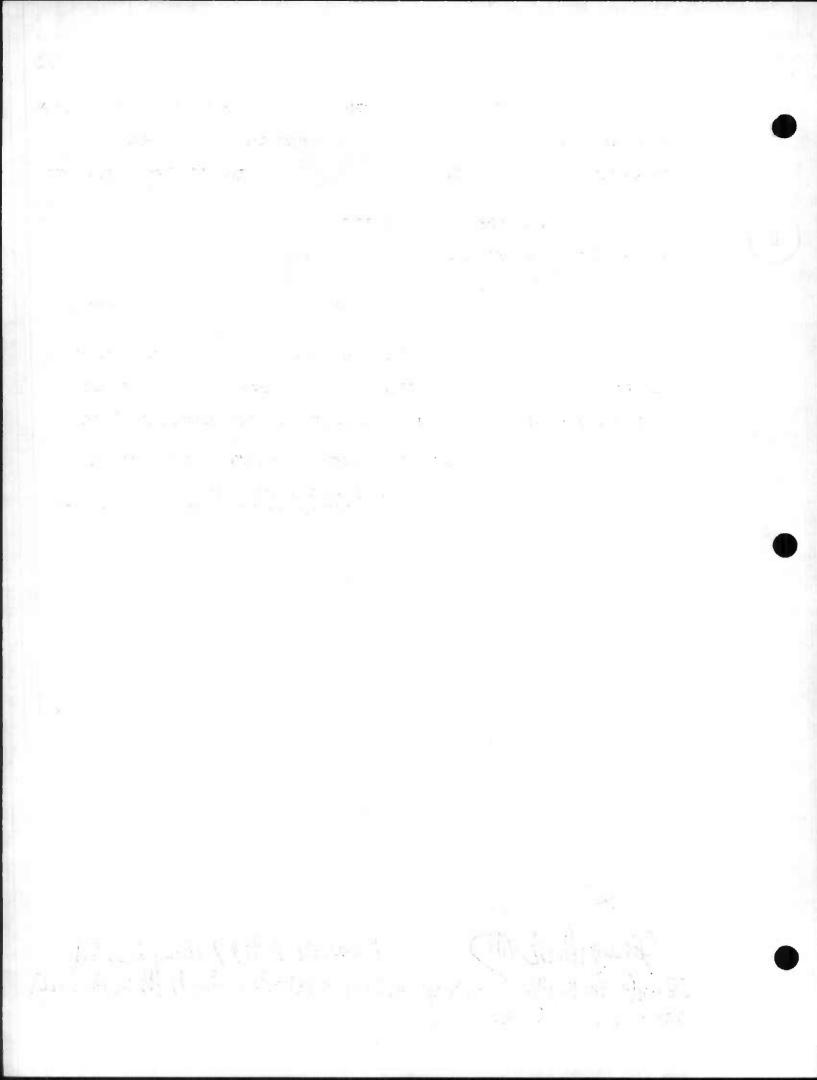


State of Maryland / Department of Health and Mental Hygiene Q 6

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							Ce	rtificate o	f Death		Reg.		0	3000	
	14	1. Decedant's Nama (First, Middle, Last)										6-	Veer	3. Tima of Death	
	Physici /Medio		ROSE		RUTH	I	COHN			MA	Month Day MAY 22		1996	9:5 AM	
	Examir		4a. Facility Name (If SINAI HC		e street and numbe	er)			4b. City, Town		ocation of Death 4c. County of Death RE N/A				
	Funeral Director		5. Social Sacurity Nu 215-07-1	L357 ¹	ex □ M 2□xF	Aga (In yrs. Ia 93	st birthdey) Yrs.	If Under 1 Ye Months Day		Min. JAN.	of Birth th, Day, Ye	1903	Birthplaca (Stata or Foreign Country) MARYLAND		
	Par M		Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Ir												
_	4 show	tor	MD	E	BALTIMORE		BAL	TIMORE						1 □ Yas 2√□ No	
U	5 5 E	Director	10e. Street end Num	ber				10f. Zip Code	1		10g.	Citizan of	What Count	try?	
	25 est	al D	3623 SEV	EN MILE	LA, APT.	C-1			21208			USA	4		
020	or hems	by Funeral	11. Marital Status 1 ☐ Never Marria 3 🎞 Widowed 4	_	12. Wes Decedent Ever in U,\$ Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:		l l	Was Decedent of f Yas, specify C		n? (Specify Yas Puerto Rican, at	or No- c.)		ck, Whita, e	nerican Indien, nita, etc. WHITE	
20	natural", "natural", edical Ex	ted	/Specific	15. Decedant's Ed	lucation		16a. Daced	dant's Usual Occ	cupation	of working	16t	o. Kind of B	usinass/Ind	lustry	
2	c * #	Completed	Elementery/Secon		Collega (1-4c	or 5+)		kind of work do DO NOT usa ret	or working						
2	ygier her th		12				ACCO	UNTING (STATE OF MARY				
yland	should be filed within nd Mental Hygiene. I marked other than "urnatic event, the Me	To Be	17. Fether's Name (F		ZETL	IN	18. Mothar	s Nama (First, M LENA	a (First, Middla, Maldan Sumame) IA UNKNOWN						
, Mar	s 1 and 2 should be filed within Pleatif and Mental Physiene. The marked other than other traumatic event, the M														
Baltimore, Maryland 21215-0020	parmit. Pages 1 and 2 should be filed. Department of Health and Mental Highi Important: If Item 27 is marked other any injury or other traumatic event, it once.		20a. Method of Disposition 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20c. Location - C BALTIMORE HEBREW 20c. Location - C BALTIMORE 20c. Location - C BALTIMORE 20c. Location - C									14.			
Balt	permit. Depart Import any inj once.	21. Signature of Funaral Sarvica Licensee 22. Name end Addrass of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE													
			23a. Part1. Enter the	disaasa, or com	ollcations that caus	sed tha daath.	Do not ant	900 REIS ar tha moda of d	STERSTOV lying, such es ca	VN RD., ardiec or raspira	PIKES tory arrast,	SVILLE	E, MD	Approximete Interval Between	
ď	Physician														
N A	/Medical Examiner		Immediata Cause (F disease or condition		LUNG	CANCE	R, PA	THOLOGY	UNKNOWN	1			1	2 YEARS	
B	LXummer	rasulting in deeth) Dua to (or as e consequence of):													
	ted nsit	Examiner			b								-		
ó.	execu n and ial-tra	Exal	Sequantially list conditions, if any, laading to immediate causa. Enter Underlying Cause (Disaese or Injury c. Due to (or as a consequence of): The tiniteted events consequence of the									f			
68760,	ficete be executed physician and is the burial-transit	edical													
-	ding physe es th	∑	rasulting In death) La	ast L	d										
Bo	eath ce ettendir I for use	Physician/		on control of the control											
P.O.	that the de ed by the deteched	hysi	Part II. Other signific	ant conditions co	ontributing to death	but not rasult	ting In tha u	ndariying causa	givan in Part I.	23b				the cause of death	
	es that igned b	by P	PAROXYSMA	AL ATRIAL	FIBRILL	ATION					1 1 105	2□ No	3 Prob	ably 4 Munknow	
of Vital Records,	requir been s should	Completed t								24a	Was an a performed	utopsy 1?	con	are autopsy findings allabla prior to appletion of cause death?	
R	The lew te hes	Eo									1 □ Yas	2 No	10	Yas 2□ No	
ita	define the terrificate he rector, page	BeC	25. Wes case rafarra	d to medical					26. Placa o	of Death (Check	only ona)				
>	0 0	To	examiner? 1 ☐ Yes 2 ☐XN	io	Hospital: 1 X Inpa	itiant 2 E	R/Outpatier	t 3 DOA	When	ing Homa 5		e 8 🗆 Oth	ar (Specify	')	
o uc	ding Ph h. After th funeral		27. Mannar of Death 1 XNatural	5 Panding	28e. Deta of Ir (Month, I	njury Da <i>y</i> Year)	28b. Tima of Injury	V			cribe how I	lnjury occur	red		
Sign	Attending or deeth.	Icat	2 ☐ Accident 3 ☐ Suicida	invastigetion 8 Could not be		latura. At have			☐ Yas 2☐ No		tion /Ctoo	t and thems	or or Dura	l Routa Number,	
Division	Or A Olrec	Certification:	4 Homicida	datarmined	28a. Place of building,	etc. (Specify)	ie, iemi, str	eet, factory, offic	æ	City	or Town, S	tata)	er or Hura	Houta Number,	
	To the Hospital or Attent within 24 hours efter deetl To the Funeral Director: completely filled in by the	edical C	29a. Cartifier (Check only one)	Certifying Phy	rsician: To tha besiner: On the basis and mennar	of axamination	edge, daeth on and/or inv	occurred at tha	tima, data and y opinion, daath	place, and dua t occurred at tha	o tha caus tima, data	a(s) and ma and placa,	anner as sto and dua to	ated. the causa(s)	
	To the within 2 To the comple	Me	29b. Signature and ti	tle of cartifle	a MT)		450 MO	7371-7P	-993-	29d.	Data signe	d (Month, L	Pay, Year)	
	h	-	30. Name and addras	parson who	completed causa o	f daath (Itam 2	23a) (Type	Print)	-00111	11/	V X	1	-411	THE	
	7		Jennifer	Park I	MD Since	ai Hos	Oi tal	24016	J. Belve	deref	wer	alti	none 19	W 2120	
	Sta	-	31. Dete filed (Month)		32. Ragis	strar's Signatu	re						7	,	
	Registra	ar	MAY 2819	196	rine wards	m-gande	200								

Registrar



TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
	1. DECEDENT'S HAME (First, Middle, Last)	2. DATE OF DEATH 3.	TIME OF DEATH									
8.	GILBERT	COLLINS MAY 23 1996 3	3110 AH									
	4. SOCIAL SECURITY HUMBER 5.	SEX 8. AGE (In yrp. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLI	ACE (State or Foreign									
	217-12-9677	M 2 of 14 YRS. MONTHS DAYS HOURS MIN. (DOTTED ST. 1921) MONTHS	vland 1									
	9a. FACILITY HAME (If not institution, give street	and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT	H									
8	Deaton Nursing Center Baltimore NA											
ן ה	RESIDENCE OF DECEDENT 104 STATE , 106 COUNTY	10c, CITY, TOWN OR LOCATION 10	d, IHSIDE CITY									
DIRECTOR	Maryland	lA Raltimore	LIMITS? YES 2 HO									
	10e, STREET AND HUMBER	Apt, 306 101. ZIP CODE 109. CITIZEH OF WHA										
¥	701 N Carcoll	ton Aug 171306 21217	S A									
FUNERAL	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or Ho - 14. RACE -	American Indian,									
	1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE— Black, W IF YES, GIVE WAR OR DATES 1 YES 2 HO Specify: Specify:	hite, atc.									
B	3 Wildowed 4 Divorced	WWILL	Negro									
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (Give kind of work done during most of working	, ,									
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5+) Rife. Do NOT use retired.) Partor Trans par	tation									
M	17, EATHER'S HAME (First, Middle, Last)	18, MOTHER'S NAME (First, Middle, Maiden Surname)	I a lon									
	Marles F	Campbell Sr Villie Queen										
BE	19a. INFORMANT'S NAME (Type/Print)	1 19b. MAILHQ ADDRESS (Street and Number or Rural Route Number, City of Town, State, Zip Code)	/									
5	Ms. Crystalle	Comphell 704 Lelia Ct. Bel Air Md. 2	1014									
	200 METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISPOSITION Trame of , grate 20c. LOCATION -, City or Town	Stata									
	1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	From State Loudon Park 5/28/98 Balto, 1	Vld,									
	21. BIONATUNE OF FUNERAL SERVICE LICEN	22. HAME AND ADDRESS OF FACILITY	Homo									
	* Mehki	I KULL 2552 Willorth Ave. Balt	Md. 21216									
		inplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,	Approximate									
	IMMEDIATE CAUSE (Final	it only one cause on each line.	Interval Between Onset and Death									
	disease or condition resulting in death)											
-	readiting in death)	DUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions b. Infected Decubitions Ulars of heels 2											
NTIO	If any, leading to immediate											
2	CAUSE (Disease of Injury	DUE TO (OR AS A CONSEQUENCE OF):	10 years									
CERTIFICATION	that initiated events resulting in death) LAST	202 10 (01) 70 11 00 11 02 01 7										
CE	d											
AL		PERFORMED? A	ERE AUTOPSY FINDINGS WILABLE PRIOR TO									
DIC	Stroke	1 YES 2 M NO	DMPLETION DF CAUSE F DEATH?									
ME	Atrial Fibrill		YES 2 NO									
PHYSICIAN: MEDIC		BUTE TO CAUSE OF DEATH YES NO WUNCERTAIN 26, PLACE OF DEATH (Check only one)										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL: OTHER:										
ΗXS	1 YES 2 NO 1	Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
	1 Natural 5 Pending	(Month, Dey, Year)	100									
BY	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF IHJURY — At home, farm, street, factory, office 28f. LOCATIOH (Street and Number or Rural Rou	te Number,									
	4 Homicide S Could not be determined	building, stc. (Specify) City or Town, State)										
COMPLET	29a. CERTIFIER 1 K CERTIFYING PHYSICIA	AN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
MP	(Check only	On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) a	nd manner as stated.									
	AND TITLE OF CERTIFIER	29c, LICENSE HUMBER 29d, DATE SIGHED (M										
BE	While M	A 2 4 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1										
5	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	JOEL MESHL	LAM 1147 5 HANOVER ST BALT MD 21230										
	11. DATE FILED (Month, Day, Year)	32. REGISTRAR'S STANTIFE AND AND AND AND AND AND AND AND AND AND										
l)	MAY 28 1996											

State of Maryland / Department of Health and Mental Hygiene 96

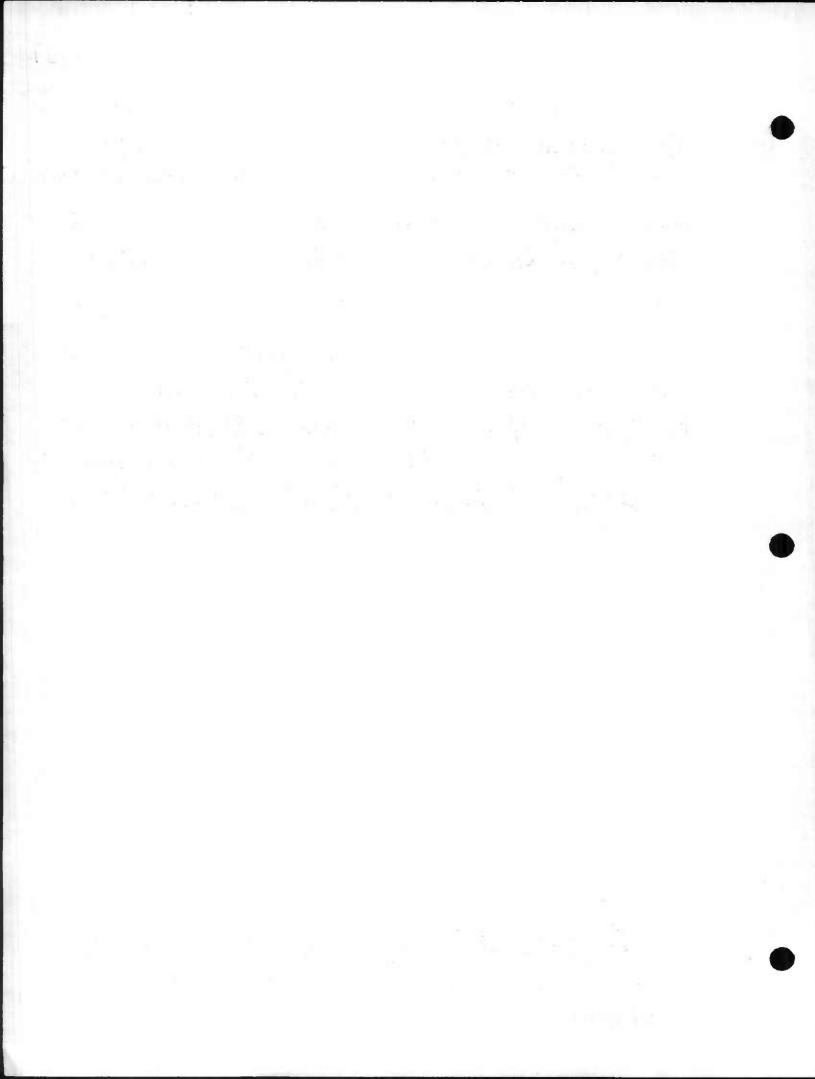
e 96 | 1560°

					Certificate of	f Death	Re	g. No.				
Н	Physic	ian	1. Decedent's Nama (First, Middle, Last)	12/			2. Data of Death Month		Year	3. Time of Death		
	/Medi	cal	wer the contract			Al- Oh- Town and	Service of Death	21	76	7:12 P.M		
	Examination Examin	ner	4a. Fecility Nama (If not institution, give street and Bon Secour 5. Social Security Number 6. Sax 220-30-0894 1 M 22	HOSPITAL 7. Agd (In yrs. last birth	dey) If Under 1 Yea Months Dey	r If Undar 24 Hrs.	8. Data of Birth	4c. County of	IIA	ca (Steta or Foreign		
	D.		Usual Rasidance of Dacedent				T-IGI CAI	1, 1100	XXXX	Carolin		
	be filed within 72 hours after death with the Maryland stal hygiene. d other than "naturel", or items 23s or 23s-f show event, the Madical Examiner must be notified at	Director	Mary and No. County 10e. Street and Number	10c. City, Town	or Location 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e	10	g. Citizen of W		I. Insida City Limits 1 Yas 2 □ No		
	ath wi		1205 Poplar Gr	ove	21	216		- 6	SA			
020	ours after de rsl', or items Examiner p	by Funeral	1 Nevar Married 2 Merried 1 Yas	Decedent Ever in U,S. Id Forces? //as 2 No s, Giva/ or Dates:	13. Wes Decedent of If Yas, specify Cu	Hispenic Origin? (Sp ben, Mexican, Puarto Specify:	ecify Yes or No- Rican, atc.)	14. Raca Black Specify:	- American c, White, etc	Indian,		
<u>.</u>	72 ho	eted	15. Decedant's Education (Specify only highast grade compla	ted) (Decedent's Usual Occi Give kind of work don	a during most of work	ing 1	6b. Kind of Bus	sinass/indus	try		
0200-61212	filed within Hygiene.	Completed		ge (1-4or 5+)	omesti	c Wor	Ker (Juts	de	Home		
mai yiaiin	should be filed nd Mental Hygi marked other imatic event,	To Be	Jim Atkins			18. Mothar's Name	a (First, Middle, M	4+Kiv	1)			
	d 2 should be th and Mental 7 is marked o traumatic eve	-	19a. Informant's Name/Ralationship (Type, Print)) 19b. I	Mailing Address (Street	et and Number or Run	al Route Number,	City or Town, S	Steta, Zip Co	ode)		
	25章		Mrs. Cybel Tilat	man 28	24 Wine	chester	St., B	alto.	Md.	21216		
	50 0		20a. Method of ®isposition 1 Burial 2 □ Cremation 3 □ Ramoval fi		Disposition (Nama of prametory or other party)	aca) 5	128/9/ 1	Oc. Location - (f	4.4.1		
			4 Donation 5 Other (Specify) 21. Signature of Funeral Service Moensee	0-0	22. Neme end Add	ress of Fecility	100/16/	4	dowr	,		
i	Demit. Departimont		Daronh Y	Kun	Joseph	L. PHS	5 Fun	eral	Home	211		
			23a. Part1. Enter the disease, or complications to shoot, or heart failule. List only one cause	hat caused the daath. Do no on each lina.	t antar the mode of dy	ring, such as cardiac	or raspiratory arre	L170, ///	Q /	pproximate itarval Between		
S	Physician /Medical Examiner		Immediate Causa (Final disaesa or condition rasulting in death) a.	arryth.			0		0	Insat and Deeth		
-	R 5	liner	a ha	rethro sclesi	atre Car	dio vas c	war a	liceas	20			
	icate be executed physician and s the burial-transit	Examiner	Sequantially list conditions, Dua to (or as a consequance of): if any, laading to immediata causa. Enter Undarlying									
60:00	siciar e bunia	edical E	Cause (Disaasa or Injury that initiated evants									
	E 0 8	2	resulting In death) Lest d.									
	deeth	Physician/	Pert II. Other significant conditions contributing	to death but not resulting in t	ha underlying causa g	ivan in Part I.	23b. Did tob	acco use con	tribute to th	ne cause of death?		
	that the deeth ce ned by the attendi deteched for use						1 □ Ye	2 □ No	3 Probat	bly 4 Unknown		
	aw requires ss been sign 2 should be	Completed by					24a. Was an perform	autopsy ed?	aveile	autopsy findings abla prior to elation of cause ath?		
	The The page	Com					1 □ Yas	30H6	1□Y	'es 2□No		
	Physician: The this certificate rail director, pag	Be	25. Was case rafarred to medical examinar?			26. Pleca of Daati						
	를 글 글	n: To	TE TAS ZE NO	Inpetlant 2 ER/Outp eata of Injury 28b. Tir Month, Day Year) Inju	na of 28c. Inj	4 LI Nursing Ho	me 5 ☐ Residar 28d. Describe hov					
6	Attending ir death. ector: Afte by the fune	ation	2 ☐ Accident Invastigetion	Month, Day Year) Inji		ork?]Yas 2□No						
6	a a a a	Certification:	3 ☐ Suicida 6 ☐ Could not ba datamilned 28a. P b		28f. Location (Straat and Number or Rural Routa Number, City or Town, State)							
	Hospita 24 Haurs Funeral Hely filled	edicai	29a. Cartifiar (Check only 2 Medical Examiner: On the	tha best of my knowledga, on basis of axamination and/	daath occurred et tha toor investigation, in my	ima, data and pieca,	end due to tha car	usa(s) and man	nar as stete	ed.		
	within 2 To the Complet	Med	one) and r 29b. Signatura and titla of cartifier	nannar stated.		ise number		d. Dete signed				
	+ 3 F ŏ		A a Man	eel M	1 7	0 4 (0 -		5/2	2/9	96		
	7-1	-	30. Neme and address of person who complated of		ype, Print)	3912/ 2 Ball	MIBEI	Wh	2/2	0 1		
			A · AHMED MD 3	2 Decidence Signal	y place	- Sach	· most	トル	41 4	- 1		
	0.		2. Comparison of the Control of the	TO STORMEROPA STANDARD A								

Registrar

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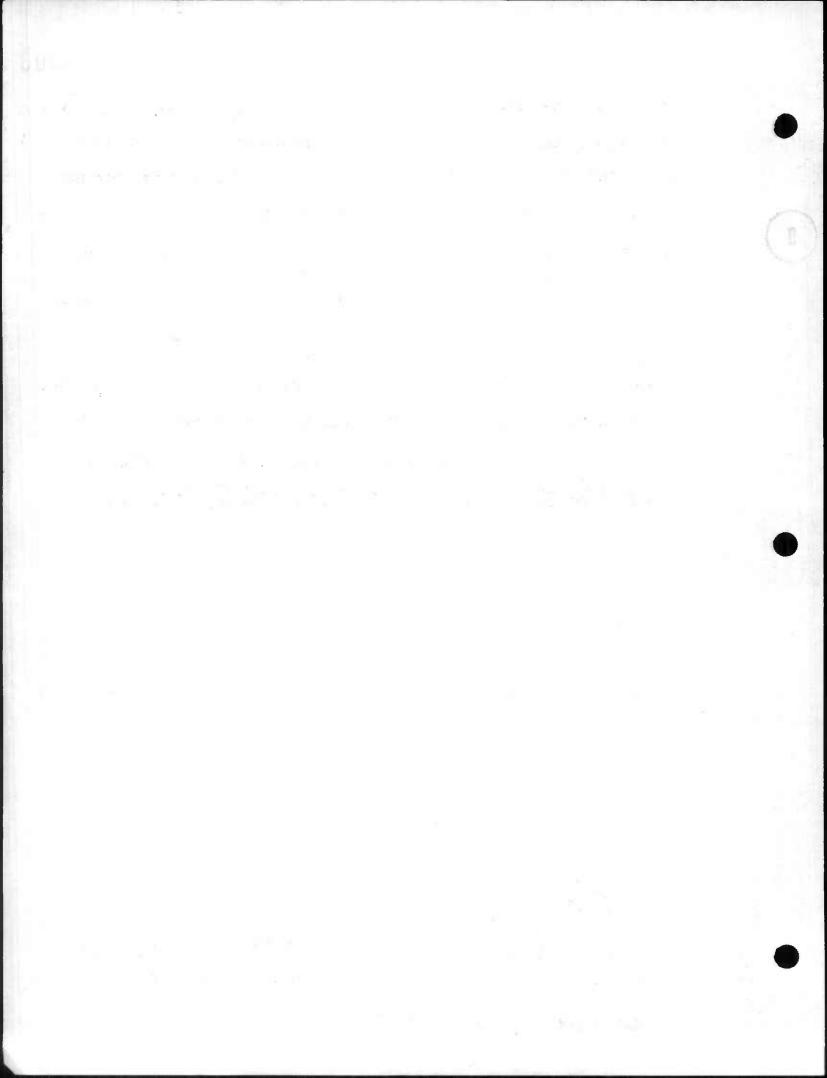
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State of Maryland / Department of Health and Mental Hygiene

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						Cer	tificate o	f Death	7		Reg. No.	20	13000	
Dhusisis		1. Decedent's Neme (2. Dete of De Month	eth Dey	Yeer	3. Jime of Deeth	
Physicia /Medic		John V	. Coc	ok, Jr.						May	27,	1996	_	
Examin		4e. Fecility Neme (If not institution, give street end number)							4b. City, Town, or Location			of Deeth		
	b	8401 Horatio Rd. Randall										Baltin		
Funeral		5. Sociel Security Num		Sex 7 10X2 M 2 □ F	. Age (In yrs. I	ast birthday) Yrs.	Months Dey		r 24 Hrs. Min.	8. Dete of Bird (Month, De	th y, Year)	9. Birthpl Coun	lece (Stete or Foreign try)	
Director		217 54 49 Usuel Residence of De	15/	A	47	115.				Dec.	1, 1948	Mar	cyland	
pun au			0b. County		10c. City	, Town or Loc	ation					10	0d. Inside City Limits	
Many A sh Bed 1	ō	Maryland	Balti	more			Ra	indalls	stown				1 ☐ Yes 2 No	
r 28a	Director	10e, Street end Numb	91				10f. Zip Code	Э			10g. Citizen of	Whet Coun	try?	
urs after death with the Maryin at, or items 23a or 28a-1 sho Examiner must be notified at	0	8401 Hor	ation H	Rd.				2113	33		United	Stat	tes	
Cama dear	Funeral	11. Meritel Status		12. Wes Deced Armed Force	ent Ever in U,	S. 13. V	/as Decedent o Yes, specify Co	of Hispenic O	rigin? (Spe	cify Yes or No	- 14. Red	ce - Americ		
or its		1 Never Married	2 Merried	1 Yes 2			☐ Yes 257N			mican, etc.)		ck, White,		
Fra .	l by	3 Widowed 4	Divorced	Year or Det	es:		165 2X	чо зресну	,. 		Specif	у:	White	
"natural", edical Exa	Completed	(Specify	5. Decedent's E only highest gr	ducation ede completed)		16a. Deced (Give I	ent's Usuel Occ and of work dor O NOT use ret	cupetion ne <i>during m</i> o	st of worki	in <i>g</i>	16b. Kind of B	usiness/Ind	dustry	
53	du	Elementary/Second	ary (0-12)	College (1-4	for 5+)		<i>о мот use reti</i> airstyl				Ç-	alon		
		12 17. Fether's Neme (Fit	nt Middle Lee	41			allscyl		anda Mana	/Finns & Sindalla				
	Be	John	St, Middle, Las	" Verno	n	Coo	k, Sr.		riam	e (First, Middle,	Meiden Sumen		ınknown)	
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tem 27 is merke other traumetic		Jeffrey D			nion						or, City or Town, DWn, MD		133	
ther 2		20e. Method of Dispos			20b. Pl	ece of Dispos	ition (Neme of			Dete	20c. Location			
104	ı		Cremetion 3 [Removei from St	ate		etory or other p		E /2	0 /06				
at a	1	21. Signature of Fune			Gre		nt Crem			8/96	Balt	cimore	e, MD	
Department of Health Important: If Nem 27 is any injury or other tra		1	0.017	90		C	AFA Ste	ephen I	D. Lo					
	_	220 Part Fold the	V/O (V)	mmar	road the death	8	717 Gre	en Pas	sture	s Dr.,	Baltimo	ore,MI		
lalan		23e. Pert1. Enter the shock, or heert for	eilure. List only							n respiretory e	11031,		Approximete Intervei Between Onset end Deeth	
ysician Jedicai		immediete Ceuse (Fir	nel	Ca	rdior	In (wo	havy a	CVI.A						
aminer		disease or condition resulting in death)		a								- 1		
	Je.			P	- / Due 10 101	es e consequ	Jence of):					1		
) physician and as the bunal-transit	Examiner	Sequentially list condi	tions	b. ———	Due to (or	es e consequ	uence ot):							
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hysic the bi	Medical	thet initiated events resulting in deeth) Les		C	Due to (or	es a consequ	ence of):						1 - 1	
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attending p	Physician/			u.								1		
the a	ysic	Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. E									Did tobacco use contribute to the cause of death			
ed by the detached											3 Prob	oably 4 Unknown		
50	5										Secondary 1	Date Wa	are autonov tindings	
should should	ete									perfo	en eutopsy rmed?	cor	ere autopsy tindings elieble prior to mpletion of cause	
S CA	Completed											of	deeth?	
, pa				T			<u> </u>			10	Yes 20 No	1 [Yes 2 No	
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5 2	2	1 ☐ Yes 2 ☑ No 27. Menner of Deeth		1 LInp		ER/Outpetient 28b. Time of	3LI DUA	4U N			dence 6 Ott		/)	
After th	ton	14 Naturel	5 Pending investigation	28a. Dete of (Month,	Dey Year)	injury	28c. In W	Vork?		_56. 2 6661108	y occui			
ctor:	lica		Could not b	va	Injury - At box	me, term stre				28f. Location /	Street end Numi	ber or Rura	l Route Number,	
within 24 hours after deam. To the Funeral Director: A completely filled in by the fi	Certification:	4 Homlcide	determined	building	, etc. (Specify)	et, fectory, offic	571		City or To				
filler		29e. Certifier 15	Certifying Pf	ysician: To the be	est ot my know	vledge, death	occurred et the	time, date e	nd pleca.	and due to the	ceuse(s) end m	enner as at	eted.	
To the Funeral Director: completely filled in by the	edicai	(Check only 2[one)	Medical Exa	miner: On the basi end memo	is of examinati	on end/or inv	estigation, In m	y opinion, de	eth occurr	ed et the time,	date end pleca,	and due to	the cause(s)	
Toth	M	29b. Signeture and little	e of gertifier	1	_		29c. Lice	ense number	222		29d. Dete signe	ed (Month, I	Dey, Year)	
,) /	1	1/1	1		1	30	155	9	1	128	191.	
	-	30. Neme end eddress	of person who	completed cause	of deeth (Item	23a) (Type, F	Print)		1-	0.0	- 04	2		
2		MILAN	WIS	TER 7	0 1	9 W/	TLKE	X A	IE;	BALT	INOKE	1,00	2/608	
Stat	_	31. Dete filed (Month,	Day, Yeer)	/32. Reg	istrer's Signet	ure			-/-			1		
Registra	r	MAY	28 1996	in all de	Liwidson	-Nandal	-			D,				
				L										



State of Maryland / Department of Health and Mental Hygiene

96 15609

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Day Yaar 1996 24, 11:40 RAYVON CARPENTER MAY DONELL. /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner N/A THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Days Hours Min. J.A.N. 21. 1954 7. Aga (In yrs. last birthday) 9. Birthplece (Stata or Foraign **Funeral** 1**√** M 2□ F Months 217-60-4552 NORTHCAROLINA 42 Yrs. Director Usuai Rasidence of Dacadant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Director MARYLAND N/A BALTIMORE CITY 1 XYas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2627 KIRK AVENUE 21218 U.S.A. 238 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Spacify Yas or No-14. Race - Amarican Indian, Black, Whita, atc. 72 hours aftar 10/72 10 Yas 2 No NOT POICES?

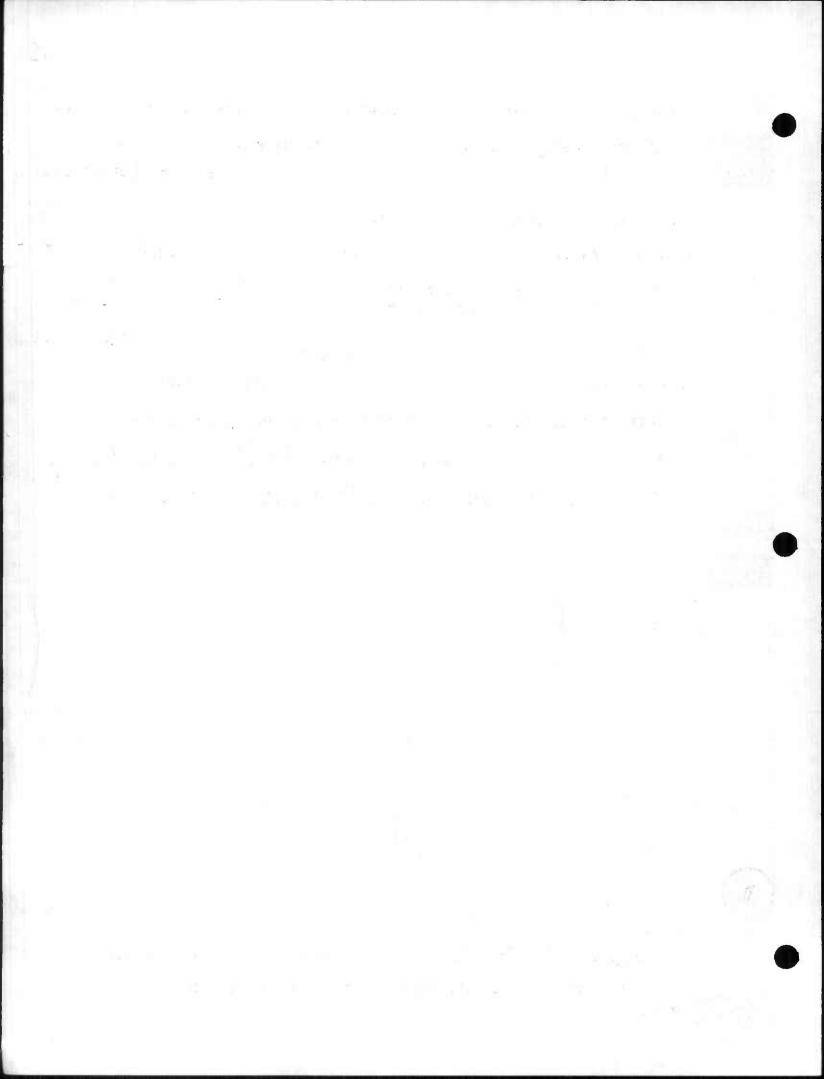
I XYas 2 No JULY
If Yas, Giva
Yaar or Datas: APR 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 Specify: by BLACK 3 Widowed 4 Divorced 14/77 Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry filed within 7 Hygiena. U.S. POSTAL SERVICE Elemantary/Secondery (0-12) Collega (1-4or 5+) permit. Pagas 1 and 2 should be filed w
Department of Haath and Mental Hygien
Important: if item 27 is marked other th,
any injury or other traumatic avent 12TH N/A MAIL HANDLER 17. Fathar's Nama (First, Middla, Last) 18. Mothar'a Nama (First, Middla, Maldan Surnama) Be RICHARD CONNER OZELLE CARPENTER 0 19a. Intermant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rurel Routa Number, City or Town, State, Zip Code) OZELLE HOLMES-MOTHER 2627 KIRK AVE. BALTO, MD. 21218 20b. Place of Disposition (Nama of cematary, crematory or other place) MAY 30 Data 19960c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) GARRISON FOREST VET. CEM OWINGS MILLS, MD. ture of Funeral Service Dense 22. Nama and Addrass of Facility CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD.21213 23a. Part1. Entar tha disaasa, or complications that cause if the death. shock, or haart tailura. List only ona causa on aach Do not antar tha moda of dying, such as cardiac or raspiratory arrast, Approximate Intarval Batween Onset and Death **Physician** /Medical Immediata Causa (Final a. INTRACRANIAL HEMORRHAGE disaasa or condittor rasulting in daath) Examiner 11 DAYS Dua to (or as s consequance of) HYPERTENSION 20 YEARS **burial-transit** The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata cause. Entar Undarfying Cause (Disaasa or injury that initiated avants rasuiting in death) Last and Dua to (or as a consequence of): P.O. Box 68760. physiclan Physician/Medical the Dua to (or as a consequance of): 88 attending for usa as ed by the a Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? been signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, Completed by 24b. Were autopsy tindings avsilable prior to 24a. Was en eutopsy performed? completion of cause of deeth? paga 2 has 1 ☐ Yas 2 ☐No 1 Yas 2 No vision of Vital Be 25. Was casa retarred to medical 26. Placa of Deeth (Check only ona) Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 10 1□ Yas 2√ No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this Certification: 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After Dulpu 1 Naturai 5 Pending invastigation 1 Yas 2 No 2 Accidant 6 Could not be datermined 3 Suicida 28a. Place of tnjury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Certifying Physician: To the best of my knowledge, daeth occurred at the time, dete and placa, snd due to the cause(s) end mannar as stated.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, deta end placa, snd due to the cause(s) and mannar stated. Medical 29a. Certifiar 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) N4067 MAY 24, 1996 30. Nama and addrass of person who complated causa of death (Item 23a) (Typa, Print) 600 NORTH FE STREET BALTIMORE, MD 21287 **JOSEPH** VELMA State 0

DHMH 16 Rev 6/95

Registrar

8+1



THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL

											9	16	15610	
	1 - FOR STATE REGISTRAR		STATE OF N		DEPAR					MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Doroth;		se Clayto	on						2. DATE OF DEATH D	36.1	99%	3. TIME OF BEATH	M
	4. SOCIAL SECURITY NUMB 215=01=9750	ER	5. SEX 1 M 2 F	8. AGE (In yrs. le	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS. MIN.	7. DATE OF BUTTH (Month, Def. Year) Sept. 11,	1908	Countr	HPLACE (State or Foreign ny) yland	
OR	9a. FACILITY NAME (If not in 305 E. Jop)	pa Rd.	treet and number)				, TOWN C	n LOCATI	ON OF DE	ATH		NTY OF D		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY Balti			10c. C/1	Town o		TION					10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL		E. Jo	ppa Rd.						286			U.	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X			If yea, sp		ın, Mexice	ilC ORIGIN? (Specify Yes n, Puerlo Ricen, etc.) /:	or No—	14. RACI Black Spec	E — American Indian, k, White, etc. White	
COMPLETED		EDENT'S EDU y highest grade I-12)		·) (H	ECEDENT'S Give kind of b. Do NOT u	work done ise retired.)	during mo		ng	166. KIND OF BUS	om C		ing	
ш	17. FATHER'S NAME (First, M Joseph B		ton							ME (First, Middle, Maiden Heiss	Surname)	Ш		I
TO B	George Ma									Poute Number, City or Tow eisterstow			1136	
	20a. METHOD OF DISPOSIT 1	n 3 🗆 Rem	oval from Stata		and date				May	28,1996 Ba	carion —			
	21. SIGNATURE OF EUNERA	SERVICE LIC	lia A							cal Chapel stown Rd.,	Owin	igs M	21117 Mills, Md.	
	23. PART I. Enter tha d sheck, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	List only one cau	ise on aach lin	a.	not entar	the mo	de of dy	Ing, auc		iratory ar	_	Approximate Interval Betwee Oneat and Da	
SERTIFICATION	Sequantially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated eventa reaulting in death) LAS	diata ING Iry	b. DUE TO	(OR AS A CONSI	EQUENCE C	OF):		e.						

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

DID TORACCO USE CONTRIBUTE TO CAUSE OF DEATH

5. WAS CASE REFERRED TO MEDICAL	28. PLAC	E OF DEATH (Chec	k only one)	
1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 N	R: uraing Home 5 D Residence	8 Other (Specify)
7. MANNER OF SEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be datermined	28a. PLACE OF INJURY — At ho building, etc. (Specify)	me, larm, straat, la	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

INL SIGNATURE AND TITLE OF-CERTIFIER	€29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

31. DATE FILED (Month, Day, Year)

					viai y iai i		ificate of		Mental Hy	Reg. No.	Ь	15611
		-	1. Decedent's Name (First, Middle	, Last)					2. Dete of De	eeth		3. Time of Deeth
	Physici /Medi		APOLINARY	VINCENT	CARE	ONE			Month	~ Day	Yeer 9 1	5:55 AN
	Exami		4a. Fecility Neme (If not institution 509 Joppa Fa		or)			4b. City, Town, o Joppa	Location of Deal	th 4c. Count		
	Funeral Director		5. Sociel Security Number 215–28–3601	6. Sax 7. / XIX M 2□ F	Age (In yrs. I 65		If Under 1 Year Months Days		s. 8. Deta of Bi (Month, D	irth ey, <i>Year)</i> 7, 1930	9. Birthp Coun Mary	ieca (Stata or Foraigi try) land
	pue ***		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City	, Town or Loca	tion	·			1	0d. Inside City Limits
	Meryl Meryl	tor	MD. Harfo	ord			ne / Jop	ра				1 □ Yas 2 KOXNo
	th with the Merylen 23s or 28s-f show	Funeral Director	10e. Street and Number 509 Joppa Fa	ırm Rd.			10f. Zip Code 21	085		10g. Citizan of	Whet Coun	try?
Maryland 21215-0020	2 should be filed within 72 hours efter death with the Merylend and Mental Hyglene. Is marked other than "natural", or items 23s or 28s-f show reumatic event, the Medical Evantine must be notified at	by	11. Maritel Stetus 1 Never Merried 2/10/Marri 3 Widowed 4 Divorced	12. Was Deceder Armed Forces ed 1 7 Yes 2 If Yas, Give Yeer or Deteg	87	971 13. We	es Decedant of res, specify Cub Yas 20XNo	Hispanic Origin? (en, Mexican, Pue Specify:	Specify Yas or N rto Ricen, etc.)	o- 14. Ra Ble Specil	ce - Americ ck, White,	
5-0	72 ho natur	Be Completed	15. Decedant (Specify only highes	s Educetion t grede completed)		16a. Deceder (Giva klr	nt's Usuel Occu	pation during most of weed)	orking	16b. Kind of B	usiness/Ind	dustry
121	within sne.	du	Elementery/Secondery (0-12)	College (1-4o	r 5+)			echniciar		Civili	20 AD	C
d 2	be filed that Hygie d other the	ပိ	12 yrs. 17. Father's Name (First, Middle, I	2 yrs.		nauia	CTOIL LE		eme (First, Middle			0
lan	lid be ked o	To B	Samuel Carbone					Caroli	ne Liso	wski		
ary	d 2 should th and Men 7 Is marke trsumatic		19e. Informent's Neme/Relationsh	ilp (Type, Print)		19b. Melling	Address (Stree	t and Number or i	Rural Route Numb	ber, City or Town	, Steta, Zip	Code)
Σ	日本なれ		Patricia M. Ca	rbone		509 J	орра Ба	rm Rd.	Joppa, Ma	aryland	21085	
Baltimore,	800 =		20a. Method of Disposition 1 ☐ Burlai 2 ☐ Crametion 4 ☐ Donetion 5 ☐ Other (Sp				ion (Neme of tory or other ple atory]		Dete 24-96	20c. Location Baltim		
Balt	permit. Pege Department of Important: If any Injury or once.		21. Signatura of Funerel Service I	Lasaln	J		leme end Addr . F. La	ass of Fecility ssahn Fu	neral Ho	mo		air Rd. e,Md.21087
			23e. Pert1. Entar tha disaase, or shock, or heart feilure. List	complications thet caus	ed tha daath line.	. Do not antar	the mode of dy	ing, such es cardi	ec or respiratory	errest,		Approximete Interval Between
1	Physician /Medical Examiner		immediata Cause (Finel disease or condition resulting in death)	e		TA/TAT as a conseque		in Ce	Me-		1	Onsat and Death
x 68760,	sath certificete be executed ettending physician end for use es the buriel-transit	/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	b c	Ì	es a conseque as a conseque						
Box	death e etten ed for u	Physician/M	Part If. Other significant condition	ns contributing to death	but not rasu	Iting In the und	erlvina ceuśe a	ven in Pert I.	23b. Did	I tobacco use co	ontribute to	the cause of death
, P.O	requires that the death certific een signed by the ettending p hould be detached for use es	by Phys		•					1	Yes 2 No	3 Prot	pably 4 Unknow
Vital Records,	2 S D	Completed t							24a. Wa	s an autopsy ormed?	ava	ere eutopsy findings allable prior to mplation of causa deeth?
<u>=</u>	0 - 0	Col							10	Yas 2 No	10	Yes 2 No
Vita	certificate rector, pa	Be	25. Wes case refarred to medical examiner?	Hospital.			10		eeth (Check only	one)		
ision of	After this funeral di	lon: To	1 Yes 2 No 27. Menner of Deeth 1 Deture 5 Pending investig			ER/Outpatient 28b. Time of fnjury	28c. Inju		Home Sea Res	how Injury occu		1)
Divisi	or Allendate deat Director: d in by the	Certification:	2 Accident Investig 3 Suicide 6 Could n 4 Homicide determi	ot be 28e. Piece of I	njury - At hor etc. (Specify		t, fectory, office	, 100 2 2 110	28f. Location City or To	(Street and Num own, Stete)	ber or Rura	I Route Number,
0	To the Perpital within 24 hours To the Funeral I completely filled	edical C	29e. Certifier 1 Certifying (Check only one) 2 Medicaf E	Physician: To the best examiner: On the basis end menner:	of examineti	riedge, deeth o on end/or inves	ccurred et the ti	ime, dete end ple opinion, deeth oc	e, end due to the curred et the time	ceuse(s) end m , dete and plece,	enner es st end due to	ated. the ceuse(s)
	To the within 2 To the comple	M	29b. Signeture and title of certifier				29c. Lican			29d. Dete signe		
	1		In lune				019	717		5/24/9	6	
1	2+1		30. Name and address of person w	the completed cause of	deeth (Item	23e) (Type, Pr.	int) EAITE	717 Nr Ave	PALTIN	ur hod 2	1224	1

Registrar

MAY 28 1996

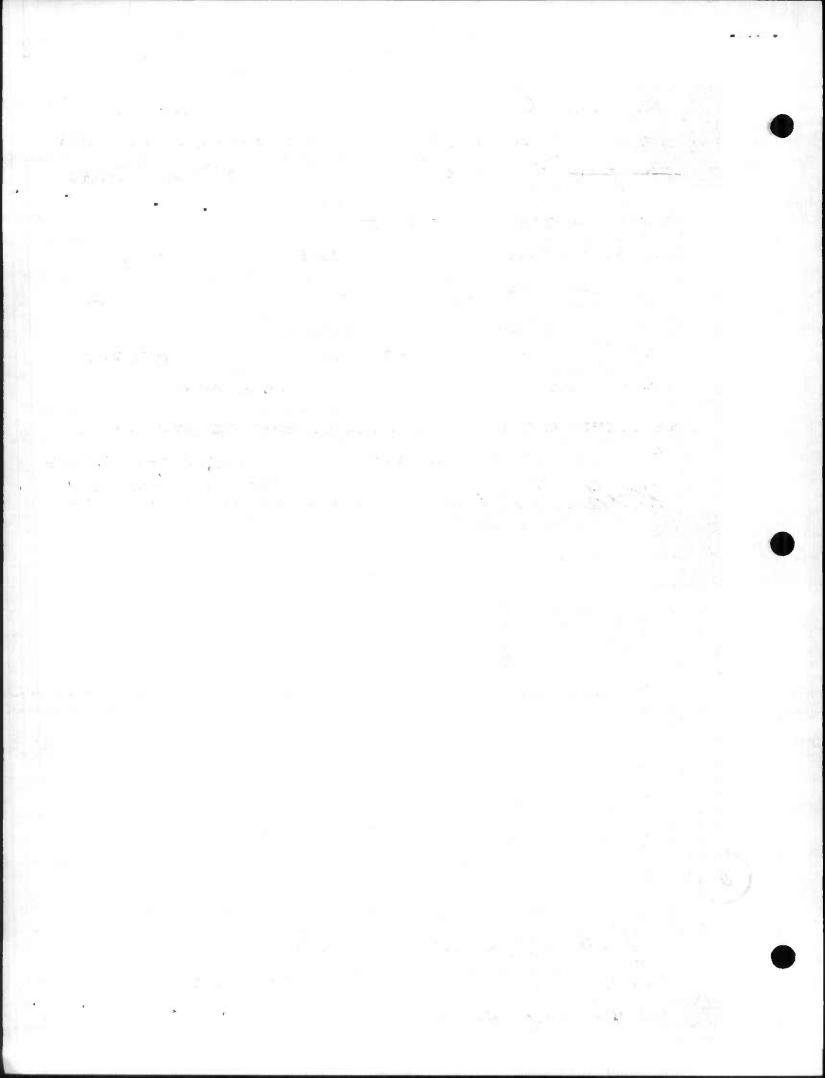
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Marylan

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d/	Department	of	Health	and	Mental	Hygiene		

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- 8	V	U	

					Certifica	ate of	Death	,	Reg. No.		
		1. Decedant's Name (First, Middle, Las	st)					2. Data of Dea	ath	Vana	3. Time of Death
Physic /Medi		Raymond	E. Cr	055				Month	24	96	124841
Exami		4a. Facility Nama (If not institution, give	street and number)	4			4b. City, Town, or L				
		1117 Armiste	ad Str	eet		}	Glent	Burnie	Anna	Arur	rdel
Funeral Director		5. Social Security 19–20–5697 St. 2/9/165393	9X 7. Ag	69	Yrs. If Und Month	dar 1 Yeer is Days	If Under 24 Hrs. Hours Min.		h v. Year)	9. Birthpl Count MARY	laca (Stete or Foreign try) LAND
puel se		10a. Steta 10b. County		10c. City, To	wn or Location					10	0d. Inside City Limits
the Menyler 28a-f show	ō	MARYLAND ANNE ARI	INDET	CIE	או חווחאודו	7		•			1 ☐ Yas 2 🛣 No
the Total	Je C	10e. Street and Number	NDEL	GLE.	N BURNII	Zip Coda		T	10g. Citizen of	What Coun	trv?
th with 23a or	0	1117 ARMISTEAD ST	TREET				061		U.S		.,
death with the Meryland	era	11. Marital Status	12. Wes Decedent I	Ever in U,S.	13. Was Dec		lispanic Origin? (Si en, Maxican, Puart	pecify Yes or No-		e - America	an Indien,
or ite	by Funeral Director	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 □ Was 2 □ N If Yas, Giva Year or Datas:	ło			Specify:	o Ricen, atc.)		ck, White, e	
72 hours natural',	Completed	15. Decedant's Ed (Specify only highest grad		16	a. Decedant's U:	sual Occup	ation	kina	16b. Kind of B	usinass/Ind	lustry
	g	Elementery/Secondary (0-12)	Coilega (1-4or 5	+)	life. DO NOT	use retired	during most of world)	An ig			
w bed w	ő	8	NONE	,	SUPERV	ISOR			WEST	INGHO	USE
should be filed and Mental Hygi marked other matic event,	Be	17. Father's Nama (First, Middle, Last)					18. Mothar's Nan	ne (First, Middle,	Meiden Surner	ne)	
Men	2	JOSHUA S. CROSS					RUBY	M. JOHNS	SON		
and and le m		19a. tnforment's Name/Ralationship (7	ype, Print)	15	b. Meiling Addre	ass (Street	end Number or Ru	ral Route Numbe	r, City or Town	, Stete, Zip	Code)
s 1 and 2 should be filed within f Haath and Mental Hygiene. tem 27 is marked other than other traumatic event, the M		MRS. ELIZABETH C.	CROSS		1117 ARM	IISTE <i>E</i>	AD STREET	, GLEN J	BURNIE,	MD	21061
00- 2		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐	Ramoval from Stata	20b. Piace cemer	of Disposition (A tery, cremetory of	ieme of r other plea	ce)	Dete	20c. Location	- City or To	wn, Stata
Pa in it.		4 ☐ Donation 5 ☐ Other (Specify		LOUI	DON PARK			5/28/961	BALTIMO	RE, M	ARYLAND
permit. Pege Depertment of Important: If any Injury or pncs.		21. Signature of Euneral Service Licent	500	2	22. Name	end Addra	ss of Fecility	NGLETON	FINERA	т номі	F '
80559		HX2	Lak	-	1 SEC	OND A	AVE. S.W.				21061
ь		23a. Part 1. Enter the disease or comp shock, or heart failure. List only of	olicetions that caused	the daath. Do	not antar tha m	oda of dyln	ng, such as cerdiac	or respiratory ar	rest,	TID	Approximate interval Batween
Physician		Strong of Huar funda East offly t	ora dado di dadi ii	10.						i	Onset and Death
/Medical		Immadiate Ceuse (Finel diseasa or condition	ACUT	P AC	UTPAIN	2 4	vou 1	nyocans	IAL		3 DAYS
Examiner		rasuiting in daath)	a ACUT Cener	Due to (or as	a consequance o	of):		TURANO	Trov		3 14 10
P 5	ne		cenen	MOVAS	cum	A	LCCIDE	vT		1	1 MONTH
nd	Examiner		ь	Dua to (or as	a consequence o	of):	- 17			-	
an an		Sequantially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disaase or injury			15,000					i	TYEMS
icete be axecuted physician and s the burial-trensit	edical	resulting to death) I set	C. ////	Due to (or es e	consequance o					-	, (, , , ,
\$ 00°	//Med	lastiting in dealin) cast	. INSUL	NO	Elevoe	VT	DIABL	eres M	ELLIP.	5 2	YEARS
attendin for use	Physician/M										
the d	iysi	Part It. Other significant conditions co	entributing to death bu	it not rasuiting	In the underlying	g ceuse giv	an in Part I.				the cause of death?
res thet tha decigned by the a								101	res 2□ No	3 Prob	ably 4 thknown
uires Id be	d by							248 Was	an autopsy	24b. We	era autopsy findings
been si should	Completed							perfo	med?	COL	pilable prior to repletion of causa
has has	dm										death?
								1 U Y	es 2 No	1	Yas 2 No
Physician: Tha I this certificate he ral director, page	B	25. Was cesa refarrad to medicel axeminar?	Hospital:			Oth	26. Placa of Dea	ith (Check only o	ne)		
shysl this c	2	TLI Fas ZIZINO	Inpatle				4 LI Nursing H	oma 5□Resid			()
ing Phy After thi funeral	atlon:	27. Menper of Death 1 □ Natural 5 □ Pending	28e. Deta of Injur (Month, De)	Year) 28b	Tima of Injury	28c. Injur Wor		28d. Dascribe h	now Injury occur	rred	
Dud Com	1 = 1	2 Accidant invastigation			М	10	Yas 2 □ No				
A 340 D	LB	a Culcide 61 Could not be	28a. Place of Inju	ry - At homa, . (Specify)	farm, straat, fact	ory, office		28f. Location (S City or Tox		ber or Rura	l Route Number,
r Attending fredit: Affer by the fune	MMCa	3 Sulcida 6 Could not be determined	building, etc								
of and	Bentifica	4 Homicide determined									
	cal Beathlo	4 Homicide determined 29a. Certifiar (Check only 2 Medical Exam	elcian: To the best of	f my knowledg	ge, death occurre	ed et the tin	ne, deta and place	, and dua to tha o	causa(s) and m	annar as st	atad. tha ceusa(s)
Hospital or	edical Sentific	4 Homicide determined 29a. Certifiar (Check only one) Certifying Phy 2 Medical Exam		axamination a	nd/or Investigation	on, in my o	plnion, daath occu	rred at tha tima,	data end place,	and dua to	tha ceusa(s)
pla pla	cal Beathlo	4 Homicide determined 29a. Certifiar (Check only 2 Medical Exam	elcian: To the best of	axamination a	and/or Investigation	on, in my o	a number	rred at tha tima,	data end place, 29d. Data signe	and dua to	tha ceusa(s) Dey, Yeer)
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Hospital or	edical Sentific	29a. Certifiar (Check only one) 29b. Signatura end fitta of certifiar	relcian: To the best of the control	examination a ted.	and/or Investigation	on, in my o	a number	rred at tha tima,	data end place, 29d. Data signe	and dua to	tha ceusa(s)



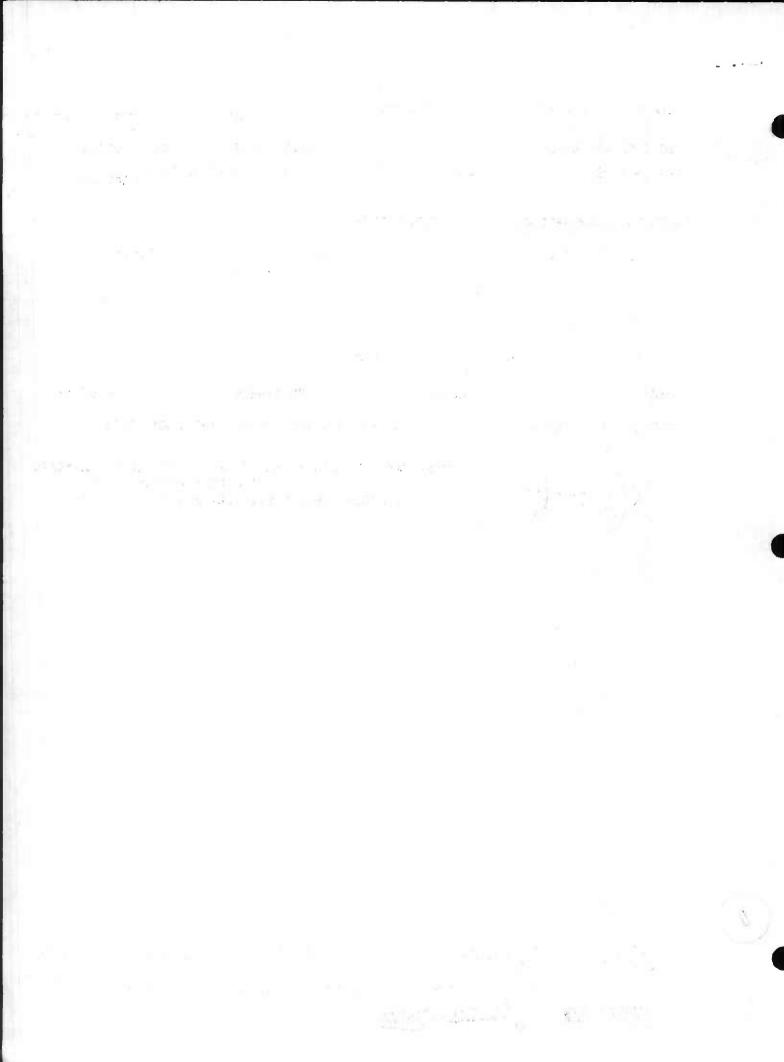
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

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					Certific	ate of	Death		Reg. No.		
		1. Decedent's Neme (First, Middle, L.	ast)					2. Dete of De		N. Committee	3. Time of Death
Physicia		DAVID JOSEF	?H	CH	HURCH			Month	Dey 23 1	Yeer 996	12:30 A
/Medica Examine		4e. Fecility Neme (If not institution, gi	ive street end numbe	or)			4b. City, Town, or			ty of Death	112:30 A
Examine	'	10/2 THOMAS DOAT					OLEN DI	NITE	ABTRITT	A DIINIT	N. 17.1
Funoral		1042 THOMAS ROAL 5. Sociel Security Number 6.		Age (In yrs. last b	pirthdey) if U	nder 1 Yeer		8. Dete of Bir	th	ARUNI 9. Birth	
Funeral Director		220-58-1993	1 DM 2 □ F	40	Yrs. Mon	ths Deys	Hours Min.	MAY 28	, Year 955	1	piece (Stete or Fore
		Usuel Residence of Decedent							,	MARYI	AND
dand		10e. State 10b. County		10c. City, To	wn or Location					1	10d. Inside City Lim
Many Many	Ö	ARYLAND ANNE ARU	INDEL	GLE	N BURNI	E					1 ☐ Yes 2 🗓
hours after death with the Manyland turet; or items 23a or 28a-f show at Economic must be notified at	9	ARYLAND ANNE ARU 10e. Street and Number 1042 THOMAS ROAD 11. Maritel Stetus 1 Never Married 2 Merried				Zip Code			10g. Citizen of	What Cou	ntn/?
with o a	ā	1042 THOMAS ROAL)		10.		060			S.A.	
e 23a	e a	1042 Illorato Rom			40.00						
items in the man	Š	11. Maritel Stetus	12. Wes Deceder Armed Forces	s?	If Yes,	ecedent of specify Cul	Hispanic Origin? (S ben, Mexican, Puerl	pecify Yes or No o Rican, etc.)		ica - Americ eck, White,	
or or	by F	1 Never Married 2 Merried	1 Tes 2 K		1 □ Ye	s 2X No	Specify:		Speci	ity: WHI	ייד
n 72 hours natural,	Q Q	3 Widowed 4 Divorced	Yeer or Detes							, MUI	LIE
72 t	Completed	15. Decedent's E (Specify only highest gr		16	 a. Decedent's l (Give kind or 	Jsuei Occu work done	petion a during most of wor ed)	rkina	16b. Kind of I	3usiness/In	dustry
d within	9	Elementary/Secondary (0-12)	Collega (1-4o	r 5+)			9d)				
Hygier ther there	ခြဲ	11	N/A		N/	A			N	I/A	
al Hygie	Be	17. Fether's Neme (First, Middle, Las	1)				18. Mother's Nar	ne (First, Middle	, Meiden Sume	me)	
Thend 2 should be filed then the stand Mental Hygiem 27 is marked other other traumatic event.	ဝ	OMER		CHURCH			ELIZABI	ETH		BF	ENNOIT
2 sho and h		19e. Informent's Neme/Reletionship	(Type, Print)		b. Meiling Add	ress (Stree	et end Number or Ru	irel Route Numb	er, City or Town	n, Stete, Zij	Code)
Ta a	1	ELIZABETH J. GRU	IRE		210 DAF	FODEL	RD., GLI	EN BURNT	E. MD	21060)
# 1 and # Health Nem 27 other to	1	20s. Method of Disposition	700	20b. Plece	of Disposition	(Neme of		Dete	20c. Location		
80=8	- 1	1 Burial 2 Kremation 3		M:	ery, cremetory			10000			
ariman ortant: injury	-	4 □ Donation 5 □ Other (Spec	7	CHESA	PEAKE C	REMAT	ORY INC.				
Departiment Important in any in		21. Signature of Funeral Service Lice	1000		22. Nem	e end Addr	ess of Fecility S	INGLETON	FUNERA	L HOM	4E
20259					1 SEC	OND A	VE. S.W.	, GLEN B	URNIE,	MD 2	21061
		23 Pert1. Enter the diseese, or con shock or heart failure. List only	npications that caus	ed the deeth. Do	not enter the	mode of dy	ing, such es cardie	or respiretory e	rrest,		Approximata
Physician	1	shock of haar failure. List only	/ ona causa on eech	line.	1	0 -					Interval Between Onset end Death
/Medical		immedian Ceuse (Final	()	11.7	00 /	VI:	1			i	UNKNOWN
Examiner		diseesa or resulting in deeth)	a		/	11					
N P E	ē			Due to (or es	e consequence	of):					
is is	Examiner		b								
and Il-tra	Xa	Sequentially list conditions, if eny, leeding to immediate		Due to (or es e	consequence	of):				į	
burle	<u>a</u>	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury	C								
g physician and as the burial-transit	Medical	thet initieted events resulting in death) Last		Due to (or es e	consequenca	of):					
fing physician and se as the burlet-trans	Z E	L								ì	
tend brus			d				•				
death	SICI	Pert II. Other significant conditions	contributing to death	but not resulting	In the underlying	ng cause g	iven in Pert I.	23b. Did	tobacco use c	ontribute t	o the cause of dea
es that the death certifications by detached for use as	Physician					_			Yes 2□No		10
ped e	by P									-0	- Johnson
een sign hould be								24e. Wes	an autopsy	24b. W	ere autopsy finding
been si should	Completed							perfo	ormed?	av	reliable prior to empletion of cause
the has b	립						_			of	death?
ate ha	3							10	Yes 2 No	1[☐ Yas 2☐ No
s certificate director, pag	a a	25. Wes case referred to medical axaminer?					26. Plece of Dec	th (Check only	one)		
0 0	0	1 ☐ Yes 2 No	Hospitel: 1 Inpat	tient 2 ER/C	Outpetient 3	DOA O	ther: 4 Nursing H	lome 5 Resi	dence 6 🗆 O	her (Specil	fy)
or death. ector: After thi by the funeral		27. Menner of Deeth	28e. Dete of In	jury 28b.	Time of	28c. Inju	iry et	28d. Describe	how Injury occu	irred	
r death. ctor: After by the fune		1 Neturel 5 Pending 2 Accident invastigation		ay roar,	Injury M		Yes 2□No				
after death. Director: A	Certification:	3 ☐ Suicide 6 ☐ Could not t	28e. Plece of Ir	njury - At home, i	ferm, street, fed	ctory, office				ber or Run	al Route Number,
Dire Dire	E	4 Homicide	building, e	etc. (Specify)				City or To	wn, Stete)		
		29e. Certifier (Certifying Pt	hunicing. To the hea	t of my lendings of	a death seems	rad at the t	ima data and stans				A minute
250	Medical	(Check only one) 2 Medical Example one)	hysician: To the besing miner: On the basis	of examinetion e	ge, deeth occur ind/or Investiga	rea et the t tion, in my	ime, date end piece opinion, death occu	rred et the time,	dete end plece	, end due to	o the ceuse(s)
449	6		end menner s	steted.		00:11			001.0	100	
100		29b. Signeture end title of certifier	/				se number		29d. Dete sign		
		Then	LAR			DZ	2110		mar	24	, 1990 en Bub
5		30. Neme end eddrass of person who	completed cause of	death (Itam 23e)) (Type, Print)			,	1 1201		2 -
		00 0 - 0 1/	polan	m.0	. 7	345	OPKIN	ox Re	1#30	0 61	en BUR
State		31. Dete filed (Month, Dev. Year)	IP Panis	trar's Signature			C, -,-00			~	
State Registra		MAY 28 1996	Full D	avidon 13	ndall.						
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Registrar



State of Maryland / Department of Health and Mental Hygiene

Cartificate of Death

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	•						C	ertificate	OT	Death			Reg. No.		
	Physic /Medi		1. Decedent's Neme (First, Midd Sister Mary G		rt Cai	rney						2. Dete of the Month		Y89'6	3. Time of Death
	Exami		4e. Fecility Neme (If not institution Bon Secour Pro									ocation of De	11-11-11-11-11-11-11-11-11-11-11-11-11-	ty of Death Sward	
	Funeral Director		5. Social Security Number 034–40–7362	6. Sex	lM 2⊠F		n yrs. last birthda 37 Yrs.	y) If Under 1 Months	Yeer Deys		24 Hrs. Min.	8. Dete of E (Month, I NOV.	Birth Day, Year) 18,1908	9. Birth Cou Ire	plece (State or Foreign intry) land
	D .		Usuel Residence of Decedent 10e. Stete 10b. Count	.,		10	c. City, Town or	Location							
	Se-f sho	ector	Md. H	owar	d			arriot	sv	ille					10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	th with the 23a or 2	Funeral Director	10e. Street end Number 1525 Marriot	tsvi.	lle Ro	oad		10f. Zip C		1104			10g. Citizen of	S.A.	intry?
020	a 1 and 2 should be filed within 72 hours after death with the Maryland Health end Mentel Hygiene. The marked other than "natural", or items 23s or 28=f show other traumatic event, the Medical Examiner must be notified at	by	11. Meritei Stetus 1⊠ Never Merried 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	rried	12. Wes Der Armed F 1 Yes If Yes, G Yeer or I	orces? 2⊠No ive	r in U,S. 13	Nes Decede If Yes, specif				pecify Yes or ! Rican, etc.)	No- 14. Re Bid Speci	eck, White	ican Indian, , etc. hite
5-0	72 ho	ted	15. Decede (Specify only high	nt's Educ	ation	1	16e. Dec	edent's Usuei	Occup	pation	t of work	rina	16b. Kind of I	Business/Ir	ndustry
21215-0020	filed within Hygiene. other than "	Completed	Elementery/Secondery (0-12)	1		(1-4or 5+)	life	Nurse	retire	d)	il Or WOII	ung	Hea.	lth C	are
Maryland	2 should be file and Mental Hy is marked othe numatic event	To Be C	17. Fether's Neme (First, Middle Michael Carne									e (First, Midd Clark	lle, Maiden Suma	me)	
	Health end N		19e. Informent's Neme/Rejetion Sr. Margaret										nber, City or Town		^{p Code)} Md. 21104
Baltimore,	00-6		20e. Method of Disposition 12 Buriel 2 Cremetion 4 Donetion 5 Other (emovel from		20b. Piece of Dis cemetery, or New Cath					96 ^{ete}	20c. Location		own, Stele Maryland
Balt	permit. Page Department of Important: If any injury or page.		21. Signeture of Funeral Service		9	18	V	22. Name end litzke 1	Fur	eral	Home	es,Inc.			yland 2122
c 68760,	Physician and pence and alternation of the principle as the purial-frankit	/Medical Examiner	tmmediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	6 b	Collsc	Due	tive to (or es e cons to (or es e cons to (or es e cons	equence of):	t	Fai Disco	lur	<u> </u>			Onset and Deeth
XO	6 3	an.		d.											
, P.O. B	law requires that the death es been signed by the etter s 2 should be detached for u	by Physician	Pert II. Other elgolificant conditions Pueumonia	lons cont	tributing to c	leath but no	ot resulting in the	underlying cau	ise gi	ven in Pert i			d tobacco uae c □ Yes 2 ☑ No		to the cause of death'
of Vital Records,	s law requires hes been sign je 2 should be	Completed b											es en eutopsy rformed?	av	Vere eutopsy findings valleble prior to completion of cause deeth?
B	0 - 0	NO.										10	Yes 2 No	1	☐Yes 2☐No
ita		Be (25. Wes case referred to medical examiner?	ai						26. Place	of Deet	th (Check only	y one)		
<u></u>	Physician: this certific ral director,	2	1 Yes 2 No	H	ospitel:	inpatient	2 ER/Outpati	ent 3 DOA	Ott	ner: 4 🗆 Nu	ursing Ho	ome 5 Re	sidence 6 🗆 O	ther (Speci	ify)
	inding Prath. Ath. At Aller the funeral		27. Menner of Deeth 1 ☑Natural 5 ☐ Pendi 2 ☐ Accident invest	ng ligetion	28a. Dete (Mor	of injury oth, Day Ye	ar) 28b. Time injury	of 286	inju Wo	ryet rk? ∣Yes 2 🗆	No	28d. Describ	e how injury occu	irred	
Division	Direct	Certification:	3 ☐ Suicide 6 ☐ Could determ	not be nined	28e. Place build	e of injury - ling, etc. (S	At home, ferm, specify)	treet, fectory.	office			28f. Location City or T	(Street and Nurr own, State)	ber or Rur	ral Route Number,
1	he Herpi in 24 cou he Furer pletery in	edicai	29e. Certifier 1 Certifyi (Check only one) 1 Medical	ng Physi I Examin	er: On the b	e best of my easis of exe nner steted.	y knowledge, dee minetion end/or	oth occurred et nvestigetion, i	the ti	me, dete en opinion, dee	d plece, th occur	and due to th	e ceuse(s) end n e, dete end piece	nenner es : , and due !	steted. to the cause(s)
	To the within To the compl	×	29b. Signeture end title of certific	A CONTRACTOR OF THE PERSON NAMED IN) A .	A1 -	29c.	lcene	se number			29d. Date sign		
	2		30. Name end eddress of person		unished can		M.D.	D Print'	20	252	-		May	23,	1996
	~		D. SHAM.	SUD	DIN	M.D	(Item 23e) (Type	ROSSA	20,	4.05	DR	INE	OWING	is n	TILLS

DHMH 16 Rev 6/95

Registrar

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State of Maryland / Department of Health and Mental Hygiene

15615 Certificate of Death

			1. Decedent's N	leme (First, Midd	fle. Last)			Oert	meate	UI	Death	2. Dete of D	Reg. N	lo.		3. Time of Dec	ath
	Physic /Medi		DO	ROTHY				C	CORS	ON		Month MAY	24,	199	Yeer 6	6:10	
	Exami	ner			on, give street end no						4b. City, Town, o		eth 4	c. County	of Deeth		
					MEDICAL	_					TOW					MORE	11
	Funeral		5. Social Securi		6. Sex 1 ☐ M 2 🖾 F	7. Age	(In yrs. last birt		If Under 1 Months	Year Deys		1. (Month, L	irth Dey, Yea	r)	9. Birth Cou	plece (Stete or Fo	re <i>ig</i> n
	Director			0-4429		1	87	rs.				July	27,	1908	Maı	ryland	
	and w		Usuel Residend 10a. Stete	10b. County	/	1	10c. City, Town	or Loca	ition						T	10d. Inside City Li	imits
	f she	0	MD	Balt	cimore		Towson	1								1 ☐ Yes 2 ☐	
	tha tha 28a-	e e	10e. Street end	Number					10f. Zip C	ode			10a C	itizen of \	What Cou	nto/2	
	permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Health and Mantal Hygiane. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinational periodical examinations in periodical.	Funeral Director	910	Shelly R	Road					212	06		rog. c	U.S	. A .	,	
	daath me 2	Jera	11. Maritel Steti	us	12. Wes Dec	cedent Ev	er in U,S.	13. We	s Decede	nt of I	Hispanic Origin? (ean, Mexican, Pue	Specify Yes or N	lo-	14. Rec	e - Ameri	can Indien,	
0	y ite	T.	1 Never M	Married 2 Mer	Armed F	2₽ No						rto Rican, etc.)			ck, White,		
21215-0020	af. c	b	3 Widowe	ed 4 Divorced	d If Yes, G Yeer or I			11	JYes 2⅓	ON L	Specify:			Specify	/: Whi	ite	
2-0	72 h	Completed	(S		nt's Education est grade completed)	7)	16a.	Deceder	nt's Usuel	Occuj	petion during most of w	orkina	16b.	Kind of B	usiness/ir	ndustry	
21	ithin Ne.	du	Elemantary/S	secondary (0-12)	1	(1-4or 5+)					od)	orning					
2	Hygiar Hygiar ther th	S	12				I	lome	maker		III we saw w			Home			
ance ance	be fi	Be		me (First, Middle,								me (First, Midd	e, Maide	n Sumen	10)		
Ĕ	should be and Mantail is marked or	2	_	Carroll			100	X NOWE CO.			L	Myrtle					
Maryland	d 2 sho h and h sm r is m			s Name/Relations Fallin	snip (<i>i ype, P</i> nn <i>t)</i>						tend Number or F oad Tows					p Code)	
	1 and Haalth em 27 ther to		20e. Method of									Dete				own, Stete	_
0	Pages nent of I ant: If its		1 Styriai	2 Cremetion	3 □Removel from	Stete	20b. Pleca of cemeters		-			200					1
altimore,	it. Purtue	ł		on 5 Other (S	and the same of th		Woodlav	7			ess of Fecility	5/28/96	ва	Ttimo	ore,	Maryland	1
Ba	permit. Page Department of important: If any injury or once.		N (/	W 118	11.11.						1					ome Inc.	
	_		200 200	on to	Jan K			71	10 Be	1a:	ir Road.	Baltimo:	re.	Marvi	land-	21206 Approximate	
			shook, or	heart failure. List	r complications that tonly one cause on	each line.	ne deeth. Do n	ot enter	the mode	of dyli	ng, such es cardi	ec or respiretory	erre\$t,		1	Approximate Intervel Between Onset and Deet	n
	Physician /Medical		Immediate Ceu	sa (Final	CER	FRR	OVASCU	TAD	ACC	חדי	ENIT						
	Examiner		diseese or cond resulting in dee	dition	е					·TD	TINI					5 DAYS	
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7	d d ansit	Examiner	Cannantially lies	a a a dial a a -	b. ASP		PION P		-	.A					-	5 DAYS	_
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	- 53	an			d										1		
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<u>s</u>	Deall Sea	icat	2 Accider		not be	a of taken	Athena for	4	M		Yes 2 □ No	206 Location	(Ctront	and Aliansh	ar ar Bur	al Bauta Mumbar	
DIVISION		ŧ	4 ☐ Homicio	datares	nined 288. Place	ling, etc. (- At home, far (Specify)	m, stree	t, tectory, o	office		City or T	own, Ste	te)	er or Hun	al Route Number,	
	1 4	2	29a. Certifier	1 Cartifula	na Dhualainn. To the	a boot of a	nu kasuladas	dooth o	animend at	Alexandria	ma data and size	a and due to th		a) bad ma		abled.	
	171	eclica	(Check only one)	2 Medical	ng Physician: To the Examiner: On the b	pasis of ex nner stete	ceminetion end	or Inves	stigation, in	my c	me, date end pled opinion, daeth occ	e, end due to the curred et the time	, dete e	s) end me nd pieca,	end due t	o the ceuse(s)	
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	Registr	- 1		3 1000	0	THOS	and and	-									

regional control design and according to the TO THE ROSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 18 hours after death. Page 5 may be intended by the intending physician.

TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and occupient filed in the time fluiding physician in the fluiding prior to burial, committee of a minimal fluiding prior to burial, committee of a minimal fluiding prior to burial, committee of a minimal fluiding and the signed by the attending physician. The manufacture is a shown any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

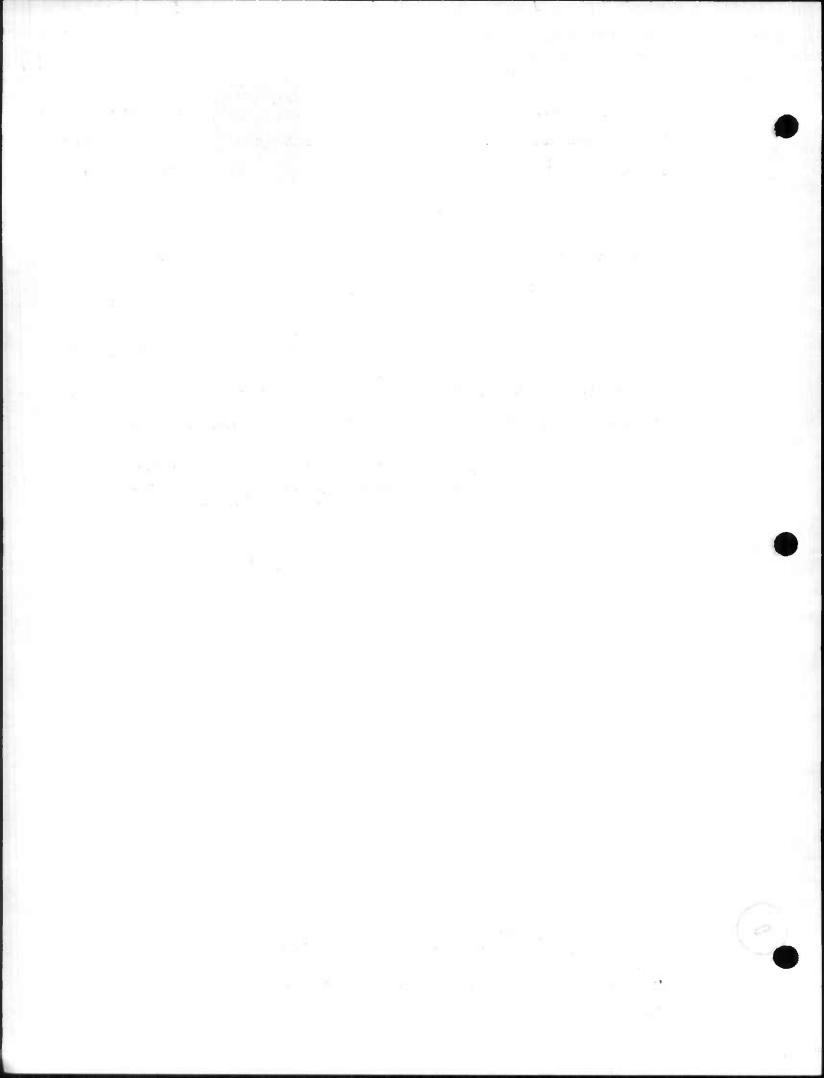
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						CALE					REG. NO.			
	1. DECEOENT'S NAME (First,	Middle, Last)								2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
	JOSEPH FRAI	NKLIN :	DEISE									1996		3:05A M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	213-10-896	4	1 🔀 M 2 🗌 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	09	24 15		Countr	vland
	9a. FACILITY NAME (If not in		reet and number)			9b. CITY,	TOWN O	R LOCATION	ON OF DE				NTY OF D	2
E	VA Marylan	d Heal	th Care	Systems	3			Poin					ecil	earri
ĸ	RESIDENCE OF DEC						- 4							
DIRECTOR	10e. STATE	10b. COUNTY				Y, TOWN OF		ION						10d. INSIDE CITY LIMITS?
ā	Md	Har	ford		E	dgew	poc							1 XYES 2 NO
A	10e. STREET AND NUMBER						101.	ZIP CODI	E			10g. CIT	IZEN OF W	VHAT COUNTRY?
FUNERAL	103 Palm	etto	Drive					2104	40			U:	SA	-
5	11. MARITAL STATUS		12. WAS DECEDEN			13. W	AS DECE	ENDENT O	F HISPAN	VIC ORIG	IN? (Specify Yes	or No-	14. RACE	- American Indian,
	1 Never Married 2			MAR OR DATES				city Cube 2 X NO			Rican, atc.)			White etc.
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<u> </u>	8				Pai	nter					ract	OL Y		
COMPLETED	17. FATHER'S NAME (First, M.										Middle, Malden	Sumame)		
BE	William	Artn	ur Deis	5e				Ma	ary	Bro	sh			
2	19e. INFORMANT'S NAME (1										mber, City or Town			
-	Geraldine	A.BI	acker,	aught	er '	103 1	Palr	mett	O I	or.	Edgew	ood	Md.	21040
	20e. METHOD OF DISPOSITI		wel from State		CE AND DATE		ION (Nan	ne of			TE 20c. LOC			
	4 Donetton 5 Other				rematory or o		ans	Cem	5	29	-9∮ Gar	risc	n Fo	rest,Md
	21. SIGNATURE OF PUNERAL	L SERVICE LIC	ENSEE					D ADDRES						
- 1	> Chan	le I). Bul	da							& Son		•	
\neg	23. PART I. Enter the di	seases, or c	omplications the	t caused the	death. Do r	ot enter t	24 F	aste	ern /	Ave.	Balto	_Md_		Approximate
	ahock, or hi	aart failura. I	Liat only ona cau	se on aach I	ina.			a or cy.	ng, suc	11 40 04	rollec of reapir	atory are	wet,	Intarval Between
	IMMEDIATE CAUSE (Fin disease or condition													Onset and Death
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ATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY!	diata	ı	(OR AS A CON	SEOUENCE O	F):								
FICATION	if any, leading to immed cause. Entar UNDERLY! CAUSE (Disease or Inju	diata NG	DUE TO	(OR AS A CON										
HTIFICATION	if any, leading to immed cause. Enter UNDERLYI	diata NG ry	DUE TO											
CERTIFICATION	if any, leading to immedicause. Enter UNDERLYI CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata NG ry	DUE TO	(OR AS A CON	SEQUENCE OF	F):								
- 1	if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injuithet initiated events	diata NG ry	DUE TO	(OR AS A CON	SEQUENCE OF	F):	erlying	cause ç	jiven in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
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State of Maryland / Department of Health and Mental Hygiene

				Certificate of Death	Reg. N	J ()	19611
	Discosite i		Decedent's Neme (First, Middle, Last)		2. Dete of Deeth	Dey Yeer	3. Time ot Deeth
	Physici /Medic		Mark Daniel Doran		May 23		2:00pm
	Examir	ner	4e. Facility Name (If not institution, give street end number)	4b. City, Town, or Lo		4c. County of Deeth	
L			9244 Ft. Smallwood Road	Pasade inthday) If Under 1 Year If Under 24 Hrs.		Anne Ar	
	Funeral Director		5. Sociel Security Number 6. Sex 10 M 2 F 7. Age (In yrs. lest bit 214-66-0610 38	Yrs. Months Deys Hours Min.	8. Dete of Birth (Month, Day, Yea DEC 2,	1957 Mai	lace (Stete or Foreign cyland
	Maryland 1 show	or	10e. State 10b. County 10c. City, Tow Maryland Anne Arundel Pasad			1	0d. Inside City Limits 1 ☐ Yes ※☐ No
	h with the I	Funeral Director	10e. Street end Number 9244 Ft. Smallwood Road	10f. Zip Code 21122		Citizen of Whet Coun	try?
020	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth end Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Modreal Examiner must be notified and once.	þ	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 17 Yes, Give Yeer or Dates:	13. Was Decedent of Hispenic Origin? (Spif Yes, specify Cuben, Mexican, Puerlo	ecify Yes or No- Rican, etc.)	14. Rece - Americ Bleck, White, Specify: Whit	etc.
21215-0020	thin 72 ho a. an "natur	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) D 3	Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)	ing	Kind of Business/ind	dustry
2	od wi	Con	12	iesel Mechanic		ucking Bu	siness
and	be fill H of oth	Be	17. Fether's Neme (First, Middle, Last)		e (First, Middle, Melde	1 11 - 2224	
Maryland	should ind Men marke umatic	To	Leo Edward Doran, Sr. 19e. Informent's Neme/Reletionship (Type, Print) 19b.	b. Melling Address (Street end Number or Rura	red Gertr		
2	end 2 seeith er n 27 is er trau			244 Ft. Smallwood Rd.			
Baltimore,	Pages 1 e nent of Hee int: If Item iry or othe		20e. Method of Disposition 1 ☐ Buriel 2 ©Cremetion 3 ☐ Removal from Stete	of Disposition (Neme of ery, cremetory or other plece)	Dete 20c.	Location - City or To	own, Stete
	permit. P Departme Important any Injury		4 Donetion 5 Other (Specify) 21. Signerate of Funerel Servica Licanse Dawn F. McDonal (Crematory, Inc. 5/24		•	MD
ä	Department of the sany fr		Drum 2 mac Donald	Cremation Society of			
			23e. Pert1. Enter the disease, or complications that caused the neeth. Do shock, or heart feiture. List only one cause on each line.	299 Frederick Rd. I	or respiretory errest,	MD_21228	Approximete Interval Between
	Physician /Medicai			Gilver		1	Onset and Death
	Examiner		Immediate Cause (Final disease or condition resulting in deeth) e. Respiratory Due to (or as e	consequence of).			2 1/2 years
	D #	iner	- Metastalic R	enal Careinoma		1	2 /2 years
	ecute end Frans	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying	consequence of):			12/12
68760,	be an	aiE	that initiated events				
	tificate be axecuted 19 physician end as the buriel-transit	ledicai	resulting in deeth) Lest	consequence of):		1	
XOX	aath cert attendin for use	Physician/M	d				
P.O. Box	he att	sici	Pert II. Other eignificent conditions contributing to death but not resulting li	In the underlying ceuse given in Pert I.	23b. Dld tobacc	o uee contribute to	the cause of death?
	iras that tha daath cer signed by the attendir Id be detached for use	by Phy			1 🗆 Yes	2⊞No 3□ Prot	bably 4 Unknown
Records,	aw raqu Is been 2 shoul	Completed			24e. Was an eut performed?	eve	ere autopsy findings elleble prior to mpletion of cause deeth?
		Con			1 ☐ Yes	2 No 1 E	Yes 2□ No
ZE ZE	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical examiner? Hospitel:	Other	h (Check only one)		
Division of Vital	F F E	ition: To	27. Menner of Deeth 28e. Date of Injury 28b.	ulpetient 3LI DOA 4LI Nursing Ho	ome 5 XResidenca 28d. Describe how inj		1)
Divis	pital or Attending zurs after death. eral Director: Atte filled in by the fund	Certification:	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, to building, etc. (Specify)	erm, street, fectory, offica	28f. Location (Street of City or Town, Ste		Route Number,
-	- Hoppi 24 hours uners ietsly file	edicai (29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge 2 Medical Examiner: On the bests of exemination and menner stated.	a, deeth occurred et the time, dete end plece, nd/or Investigation, in my opinion, deeth occurr	end due to the ceuse(red et the time, date e	(s) and menner es st ind place, end due to	ated. the ceuse(s)
•	Samo di	Σ	29b. Signature end title of certifier	29c. License number		Dete signed (Month,	
-			CSheff MC/Mee, M.D.	MD 038653	M	ay 24, 1	.996
			30. Name end/eddress of person who completed cause of deeth (Item 23e) Elizabeth M. Jeffeg, M. P. 7296600 31. Date filed (Yorking on Year) 32. Registrer's Signeture	(Type, Print) Johns Hopkins	Oncology Cer	rten	
			31. Date filed (Months De Year)	and Ave Baltinore,	ול עיין	205	
	Sta Registr	ie ar	MAY 28 1990				

DHMH 16 Rev 6/95



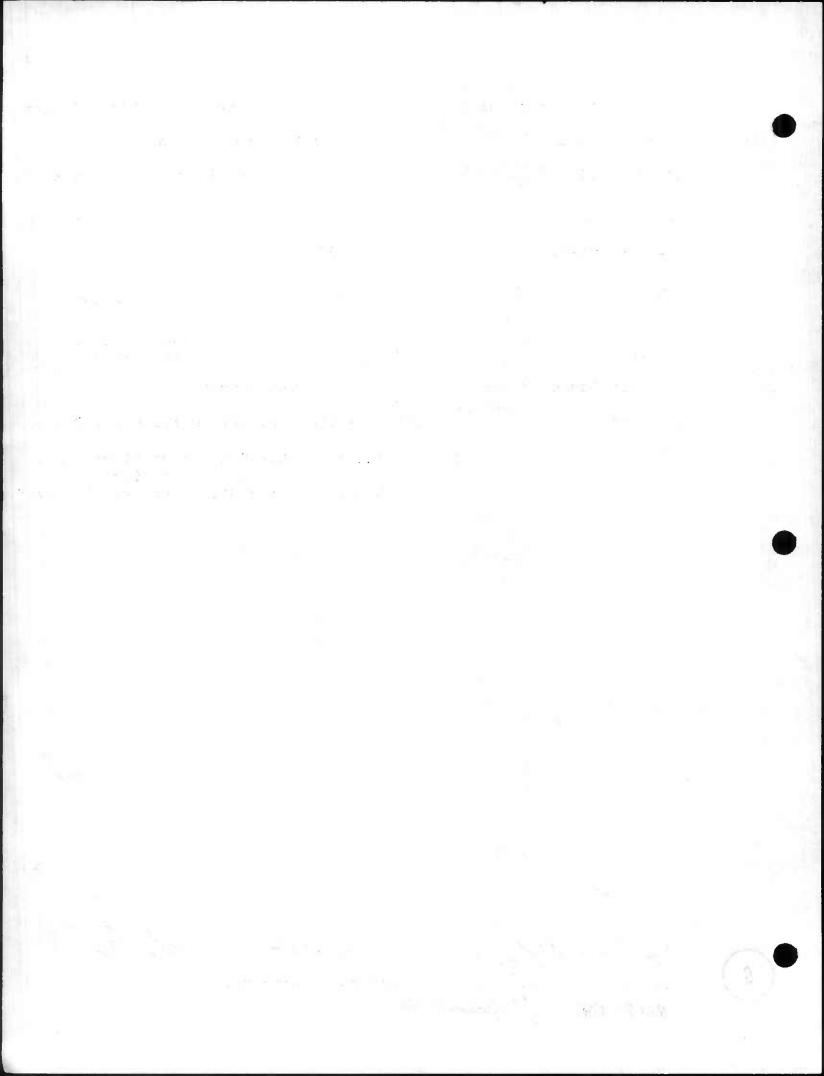
State of Maryland / Department of Health and Mental Hygiene

15618

						Cert	ificate o	f Death			Reg. No.		
	Division		1. Decedent's Name (First, Middla, L.	•						2. Data of D	eath	Veer	3. Time of Deeth
	Physic /Medi		William G. Da	annenfel	ser					Month	23 Day	1996	11:58pm
	Exami		4a. Facility Nama (If not institution, gi Mercy Hospita		er)			4b. City, To Balt		cation of Dea	th 4c. Cour	nty of Death a	
	Funeral Director		215-30-3662	Sex 7 1 ☑ M 2 ☐ F	Aga (In yrs. last bir 52		If Undar 1 Yas Months Day		24 Hrs. Min.	8. Data of Bi (Month, D 4/11/	rth ay, Year) 1934	9. Birthp Cour Balt	placa (Stata or Foraign http: imore, Mo
	Meryland f show	lor	Usual Rasidance of Decedant 10a. Stata 10b. County Md . n/a		10c. City, Town							1	0d. Insida City Limits
	a or 28a-	Funeral Director	10e. Street and Number 1421 S. Charl	es Stre			10f. Zip Code 2123				10g. Citizan d		ntry?
0050	d within 72 hours after deeth with the Meryland lene. Than "natural", or items 23s or 28s-f show the Mexical Examiner must be notified at		11. Maritai Status 1	12. Was Deceda Armed Forca 1 TYas 2 E If Yas, Giva Yaar or Data	s? ⊒ No	If Y	as Decedent of as, specify Cu	ıban, Maxicai	n, Puarto	ecify Yas or N Rican, atc.)	В	aca - Amaric lack, Whita, city: Wh	atc.
21215-0020	d within plene. r than	Completed by	15. Decedant's E (Specify only highast gr Elemantery/Secondery (0-12) 11th	rada complated) College (1-4c	or 5+)	(Giva kit lifa. DC	nt's Usual Occ nd of work don NOT usa reti	a <i>during</i> mos red)	st of work	ing	Feder Food	al H	i11
Maryland	of Se by	To Be (17. Fathar's Nama (First, Middla, Las William Danne							(First, Middle	a, Maiden Sum	ama)	
, Man	nd 2 sh eith end 27 is m r traum		19a. Informant's Name/Ralationship Ruth Peters	(Type, Printsis		-					more,		
Baltimore,	0 0		20a. Mathod of Disposition 1 Description 1 Donation 5 Other (Special Control of Contro				ion (Nama of tory or othar p Valley		teny	Data 5/28/	20c. Location 96 Ball		own, Stata
Balti	pemit. Pege Department o Important: If i any injury or		21. Signature of Funaral Sarvice Lice	nsee	1						. Zanr Baltin		Jr. Md.2122
	Physician /Medical Examiner	Examiner	hymediata Causa (Finel saasa or condition rasulting in death) Sequentially list conditions, if any leading to properly	a	Dua to (or as a c	conseque		1 2	0	m-I	ater 18	- 0	Perte
0x 08/00,	eeth certificate be executed attending physician and for use as the burial-trensit	Medical	Sequentially list conditions, if any, leading to Immadiata causa. Entar Undartying Cause (Disaase or Injury that initiated evants rasulting In death) Last	d	Dua to (or as a c	onsequa	nce of):					-	
	the d	Physician	Part il. Other significant conditions			tha und	artying causa	given in Part	l.			contribute to	the causs of death?
'n	8 5 8	by	N.1.0.D.	HAS	CUD						Yes 20 No		bably 4 Unknow
Hecord	hes t	ompleted								perl	ormed?	co of	ailabla prior to mpletion of cause death?
<u>a</u>		O	25. Was casa rafarred to medical					00 01	(5)		Yes 2 No	11.	Yas 20 No
o vital	Phys ral di	To Be	axaminar? 1 Yas 2 No 27. Mennard Death	Hospital: 1 Inpa		tpatient	3LI DON	other: 4□ N	ursing Ho		idence 8 🗆 C		y)
DIVISION	if or Attending Ph efter death. I Director: After th d in by the funeral	Certification:	1 Natural 5 Panding 2 Accidant Invastigation 3 Suicida 6 Could not be determined	on One Plans of I		njury		Yas 2	No	•		>	il Routa Number,
5	To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by		4 Hornicida	building,	atc. (Specify)	_			d place		causa(s) and	mannar as e	tated
	n 24 h	edical	(Check only 2 Medical Example)	miner: On the basis and mannar	or axamination and	Vor invas	stigation, in my	opinion, das	th occurr	ed at tha tima	data and plac	e, and dua to	tha ceusa(s)
1	To the To the comple	M	29b. Signature and title of certifier	1//	1			nsa number 7/3	2_		29d. Date sig	ned (Mout).	Day, Year)
(9)		30. Nama and addrass of person who Dr. Richard D			Type, Pri	int)	ilwor		Dr.	-/	1.0	
Ì	Sta Registr		31. Date (led (Month, Day (ear)) MAY 28 1996	1 32. Hadi	trar's Sig	N.							

DHMH 16 Rev 6/95

Registrar



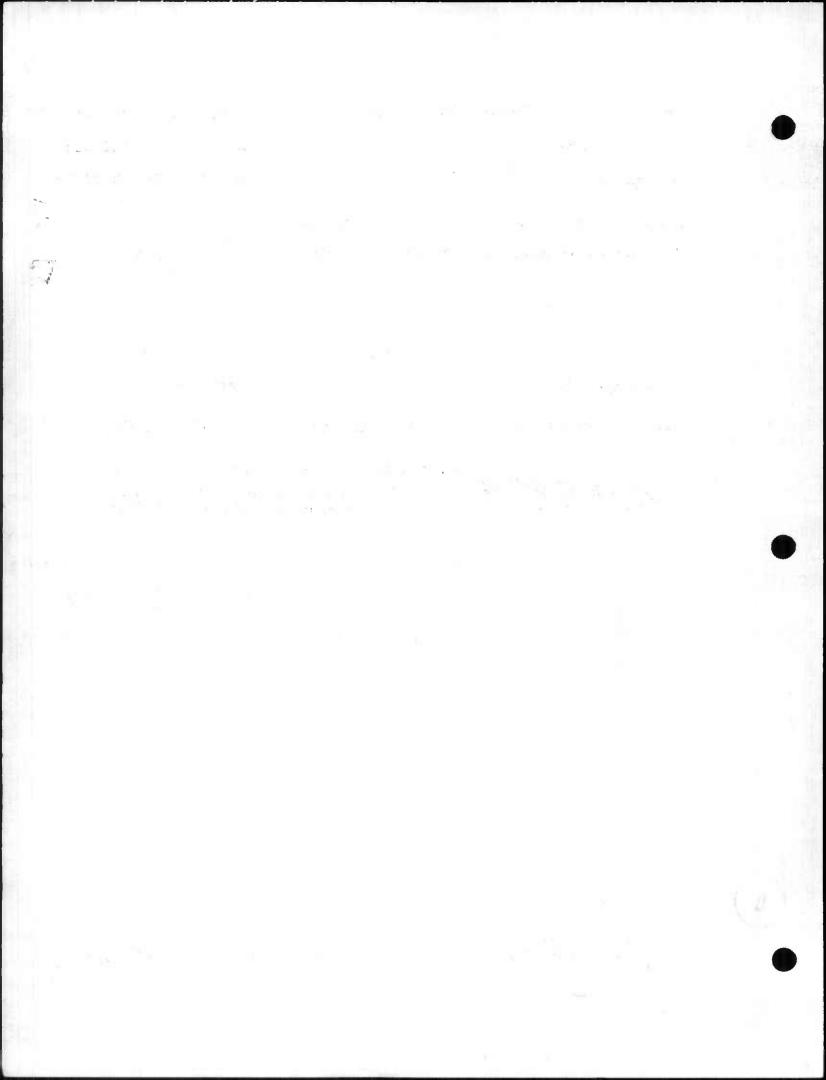
					State of M	aryland		tificate of	neaith and iv Death		gierie 5 Reg. No.	0	2019
			1. Dacedant's Nama (Fir	st, Middle, La	st)					2. Data of Dea	ith	Vaar	3. Tima of Death
	Physici /Medic		HARRY]	ESTRIN		Month MAY	21	1996	7:30 AM
	Examir		4e. Facility Nema (If not 110 NEEL		e streat end numbar)			4b. City, Town, or Lo REISTER		i i i i i i	of Death	OPF
	Funeral Director		5. Sociel Security Number 132 - 09 - 3	er 6. S	ex 7. A	ge (In <i>yrs. l</i> a 92	st birthdey) Yrs.	If Undar 1 Yaer Months Deys		8. Dete of Birt (Month, Day MAY 15	h v, Year)		ce (Stata or Foraign
	pu a		Usuai Residence of Dec	edant County		10c. Citv.	Town or Lo	cation		1112	, 2001		Inside City Limits
_	A Par	tor	MARYLAND	BALTI	MORE:			ERSTOWN					1 X Yas 2 □ No
un	1) 2 2	Director	10e. Street end Number					10f. Zip Coda			10g. Citizan of \	What Country	y?
-	1 2 m		110 NEEL AV	E.				210	71		US	A	
20	72 hours'after dea natural', or Items lical Examiner m	by Funeral	11. Maritel Stetus 1 Nevar Married 3 Widowed 4		12. Wes Decedent Armed Forces 1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Datas:	Evar in U,S ? No	i. 13. \	Vas Decedant of F I Yas, specify Cuba I ☐ Yas 2 ☑ No	dispanic Origin? (Span, Maxican, Puarto Specify:	ecify Yes or No- Rican, atc.)	14. Rad Blee Specify	ca - American ck, White, etc	c.
9	2 hours		15.	Decedant's Ed	lucation		16a. Deced	ant's Usual Occup	pation		16b. Kind of B		
1215	thin 7.	Completed	(Specify or Elemantery/Secondery	nly highast gra	da complatad) College (1-4or	5+)	(Giva lifa. L	kind of work dona OO NOT usa ratire	during most of work d)	ing			
12	Hygier thar th mt, the	Co	17. Fethar's Name (First,	Middle Last	2			PHA	RMACIST	a /Eisat Middle	PHAR		
lan	0 = 0 5	o Be	HYMAN	, Middle, Last)			ESTR	IN	18. Mothar's Name			UBANOW	ITZ
Maryland 21215-0020	nd 2 should beth and Manta 27 is marked r traumatic e		19a. Informant's Name/F						and Number or Run NE OWINGW				oda)
Baltimore,	Pages 1 ar ant of Hea at: If Hem! y or other		20a. Mathod of Disposition 1 □ Burial 2 □ Cra 4 □ Donation 5 □	mation 3		cer	ce of Dispo metery, cran	sition (Nama of natory or other place)		Deta 1996	20c. Location -		
alti	mit. P partmi portan r injur		21. Signature of Funaral	111		20.		. Nama and Addra		2330			711010
œ	Depa Impo any i		1 lans	Tall				SOL LEVI	INSON & BF	ROS., IN	IC.		D_21208
1111	Physician /Medical Examiner	er.	23a. Payr. Enturns dis abock, or haart faili Immediata Cause (Finel dileesa or condition rasulting in daeth)				1.4		rvest dikak		rest,	li C	opproximete ntarval Batween Onsat end Deeth
Box 68760,	eath certificate be executed attending physician and I for use as the burial-transit	n/Medical Examiner	Sequentially list condition if any, leading to immedicausa. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Last	ns, ata	. Ch	Dua to (or a	as a consequence as a consequence	vence of):	biller	۷.			
	death e atte	sicia	Part II. Other significant	conditions o	ontributing to death b	out not result	ting in the ur	ndarlving causa giv	van in Part I.	23b. Did t	obacco uee co	ntribute to t	he cause of death?
, P.O	requires that the death certifieen signed by the attending hould be detached for use a	by Physician/M								10	100 25 No	3 Probe	bly 4 Unknown
of Vital Records,	aw 2 s	Completed b									an autopsy med?	availe	a eutopsy findings abla prior to pletion of cause eath?
E H	The ate h	Con								1 D Y	es 2 MA	101	Yas 2□ No
Vita	Physician: The this certificate ral director, par	Be	25. Was casa rafarred to examiner?	medical	Hospitai:			Oth	26. Placa of Daat				
of	Phys ral di	5. To	1 Yas 28 No.		1 ☐ Inpati 28a. Data of Inju (Month, De		R/Outpetien 28b. Tima of	28c. Injur	4 LI Nursing Ho	ma 5. Resid			
Division	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	2 Accident	Pending invastigation Could not be detarmined			Injury na, farm, str		Yas 2□No	28f. Location (S City or Ton	itreet and Numb n, Stata)	ber or Rural F	Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Certifiar (Check only one)	Certifying Phy Medical Exam	yelclan: To the best liner: On tha basis of end mennar st	f axaminatio	ledga, death on and/or inv	occurred at tha tire astigation, in my o	ma, data and piaca, pinion, deeth occurr	and dua to tha ded at tha time, d	causa(s) and ma deta and placa,	annar as stat and dua to th	ad. na causa(s)
	To the within To the comple	Me	29b. Signatura and titla o	certifiar	W	n	,	29c. Licens	number 339		29d. Dete signe	d (Month, De	iy, Year)
	5		30. Nema and address of	person who	completed causa of o	death (Itam 2	23a) (Type, 1	Print) ALKE	ER AVE	E; BK	7 cti	TORE	5,00
1	Sta Registr		31. Deta filed (Month, Da MAY 28 199		Julia Suldo	rer's Signatu	re 82	·		1			2/208

ART I SE

State of Maryland / Department of Health and Mental Hygiene

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11.5							Ce	rtificate of	Death		Reg. No.			
	Dissels		Decedent's Name (First,	Aiddle, L	ast)					2. Dete of I		Vaar	3. Time o	f Death
	Physic /Medi				Mar	ie Ar	nna E	isel		Month	25. 1	996	4:15	PM
	Exami		4a. Fecility Nema (If not inst	tution, g	ive street and n	umber)			4b. City, Town, or			ty of Deeth		
			Ede	nwa.	1d				Tows	on	В	alti	more	
Т	Funeral	Г	5. Sociel Security Number	6.	Sex	7. Age (In y	rs. last birthdey,	If Under 1 Yaa Months Days	r If Undar 24 Hrs	8. Deta of E			pieca (Steta d untry)	or Foraign
1	Director		220-34-5068 Usual Residence of Decede	nt	1□M 2 X F	96	Yrs.	Workins Days	s Hours Will.	NOV 19	1899	Mar	yland	
	ahow		10e. Stete 10b. C	unty		10c.	City, Town or L	ocation					10d. Inside C	ity Limits
	the Mery	Director	Maryland B 10e. Street end Number	alt:	imore			Tow	son		10g. Citizen o	Man Co.		2 No
	th with	rai Di	800 Souther	1у	Ave.,	Rm. D	-107	212	86		US		iluy?	
	ter dea	Funerai	11. Marital Status		Armed F		U,S. 13.	Was Decedent of If Yes, specify Cu	Hispenic Origin? (S ben, Mexican, Puer	specify Yas or No Rican, etc.)		eck, White	ican Indien, , etc.	
020	8 6	by	1 Never Married 2		1 Yes If Yes, G Yeer or			1□Yes 27 No	Specify:		Spec	"y: Whi	te	
5-0	72 hours natural,	ted	15. Dec	edent's l	Education rade completed	4)	16e. Dece	dent's Usual Occu	upation a during most of wo	rkina	16b. Kind of			
21215-0020	within ane. than	Completed	Elementary/Secondery (0			(1-4or 5+)	Home	emaker	ed)	, Anig	Hom	e		
Maryland	s 1 end 2 should be filed. I Heelth and Mentel Hygid 1sm 27 is marked other other traumatic avent, II	Be	17. Father's Neme (First, Mi							ma (First, Midd	lle, Meiden Sume	oma)		
2	should by and Mente	T _o	19e. Informant's Name/Reid	tionshin	(Type Print)		19h Maili	na Address (Strae	et end Number or Ri	ural Pouta Nur	aher City or Tow	n State 7	in Code)	
Ma	and 2 sho		James B. E						dge Rd. C					
ē,	f Heelth tem 27 other tr		20e. Method of Disposition				. Place of Dispo	osition (Neme of		Dete	20c. Location			
mo	Peges nent of int: If It iry or o		1 ☐ Buriel 2 ♠ Creme 4 ☐ Donetlon 5 ☐ Oth					matory or other pl	Inc. 5/2	6/96	Baltin	nore	MD	
Baltimore,	permit. Peges 1 e Department of Her Important: If item any injury or othe		21. Signeture of Funerel Sa	vice bice	ensee/4	M	2	2. Name end Addr						
_	20240		George E	Ma	cNabb		29	99 Freder	rick Rd.	Baltimo	re. MD			
			23a. Part1. Enter the disees shock, or haert failure.	e, or cor List only	mplications thet y one cause on	caused the de eech line.	eth. Do not en	ter the mode of dy	ring, such as cardia	c or respiretory	errast,	1	Approximat Intervel Bet	ween
0	Physician /Medical		Immediete Cause (Final					_				ł I	Onset and	Deetn
1	Examiner	ш	diseese or condition resulting in deeth)		a. [7]		STA		DUC	INIC	DAA	1	1200	リハ・ハ
	0.19 0	ē				Due to	(or es e conse	quence of):				į		-
	d d ansit	Examiner	Convention, list conditions		b. A	TALE	(or as a conse	2131	ILLA	1100	(i	2041	2(
o,	an en riel-tr		Sequentially list conditions, if eny, laading to Immediate cause. Enter Underlying Cause (Diseese or injury		0	.2		querice ory.		015	110517	-	A	
68760,	ite be iysicia	edicai	Cause (Diseese or injury that initieted events resulting in deeth) Lest	1	c. 9 J		(or as a consec	uenca of):	11 10	MIT		+	109	ne
	certificate be axecuted ding physician end se as the buriel-transit	/Med	resulting in deeth) Lest	l	l d							i		
Box	death co	ian			0									
o.	the de	Physician	Pert II. Other significant con	ditions	contributing to	death but not ra	asulting In the u	nderiying causa g	iven in Pert I.	23b. Di	d tobacco uae c	ontributa	to the cause	of death?
Δ.	ras that the death c igned by the ettend be detached for us									10	Yee 2 No	3□ Pro	obably 4	Unknow
Records,	8 50	d by								24a. We	es en eutopsy	24b. W	Vere eutopsy	findings
S		iete									formed?	9	veilable prior to ompletion of of f deeth?	to
	The law ata hes b pege 2 s	Completed								4.5	Yes 250 No		Yes 2	No
of Vital		BeC	25. Was case referred to me	dical					26. Place of Dec			-	T 162 5	1140
f V	Physician: this certific ral director,	To B	examinar? 1 ☐ Yes 2 ☑ No		Hospitel:	Inpatient 2	☐ ER/Outpetier	nt 3 DOA	then !		sidenca 6 🗆 O	ther (Spec	ifv)	
			27. Menner of Deeth 1 ☑Natural 5 ☐ Po	ndina	28a. Date		28b. Time o				e how Injury occu		77	
vision	Attending r deeth. ector: Afte by the fune	atic	2 Accident In	estigation	on	,,	,	M 1E	Yes 2 No					
N	Attended of the control of the contr	Certification:	3 Suicide 6 □ C 4 □ Homicide	termine	d 28e. Pled	e of Injury - At	home, ferm, str	reet, factory, office			(Street end Nun own, Stete)	ber or Rui	al Route Num	nber,
ρ,														
(To the Hispiral Within thousand To the completely filled	edicai	29e. Certifier 1 Cer (Check only one) 2 Med	ifying P Ical Exa	miner: On the t	e best of my ki basis of exami nner stetad.	nowledge, deet netion end/or In	n occurred et the t vestigetion, in my	ime, date end plece opinion, deeth occu	, end due to the irred et the time	e ceuse(s) end n e, dete end placa	nenner es , end due i	stated. to the cause(s	5)
	To with	Me	29b. Signature and title of or	Ty /)			29c. Licen	se number		29d. Dete sign	ed (Month	Dey, Year)	
			John .	St	ian	~		0	27839		5	21.	191	
		Ì	30. Neme end address of pe	son who	completed cau	use of deeth (It	em 23e) (Type,	Print)			01/1	SWS	ww	Ti
			20HN S	oh	AVEY	513	300	500	Ther	Ly '	Rd,		-/ 1	,'n
	Sta		31. Date filed (Month, Day)	ear)	330	Repistrer's Sign	hatule 02		-3-	/	/			
	Registr	ar			U									



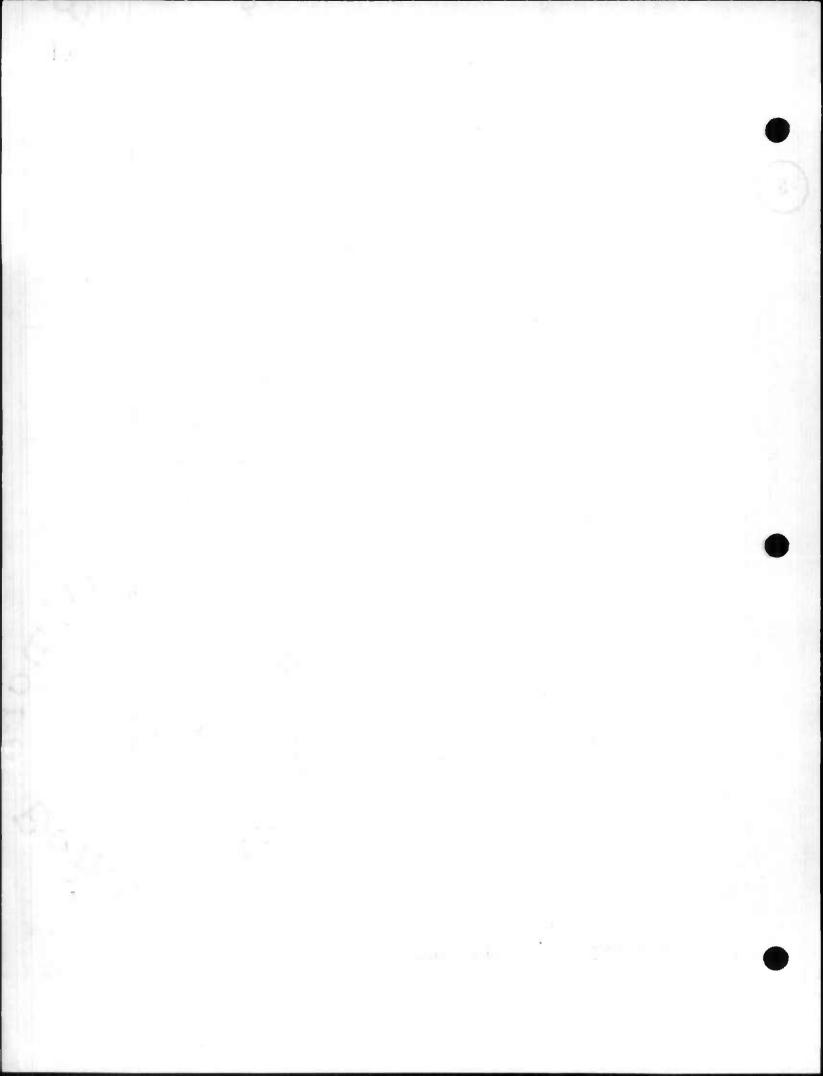
IVISION OF VITAL RECORDS, P.O. BOX 68760, ABALTIMORE, MARYLAND 21215-0020	Q
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.)
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2, 3 should
PORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIF	ICATE C	OF DEATH	REG. NO).	
	DECEDENT'S NAME (First, Middle, Last) MORRIS		FEI	TUCH		2. DATE OF DEATH MONTH MAY 23,	1996 YE	3. TIME OF DEATH 2:40pm M
į.	4. SOCIAL SECURITY NUMBER 212-05-9281	5. SEX 6. A	GE (In yrs. lest birthdey) 90 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Morth, Day, Year) MAR. 14,1	.906 PC	BIRTHPLACE (State or Foreign Country) DLAND
OR	9a. FACILITY NAME (If not institution, give str PIKESVILLE NURSIN RESIDENCE OF DECEDENT				WN OR LOCATION OF DI		9c. COUNTY	OF DEATH BALTIMORE
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	N/A	10c. CIT	Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	IN/ A		DAL	TIMORE		Tage CITIZEN	1 ☒ YES 2 ☐ NO OF WHAT COUNTRY?
FUNERAL	6965 GLENHEIGHTS				2121		USA	or what occurry
B	11. MARITAL STATUS 1 Nover Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes	DECENDENT OF HISPAI , specify Cuban, Mexica YES 2 NO Specif			RACE — American Indian, Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	JSINESS/INDUST	
APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	SALES		most of working	FURNIT	URE &	CLOTHING
BE COMPL	17. FATHER'S NAME (First, Middle, Last) DAVID	FE	INTUCH		18. MOTHER'S NA FRED	ME (First, Middle, Maider	Surname)	HERSHMAN
2	190. INFORMANT'S NAME (Type/Print) MR. KARL FEINTUCH	(SON)				Route Number, City or To		
	20a, METHOD OF DISPOSITION 1 Description 4 Donation 5 Other (Specify)	val from State	20b. PLACE AND DATE	OF DISPOSITION			DCATION — City	or Town, State
	21. SIGNATURE OF FUNCTIAL SERVICE LICE	pley			E AND ADDRESS OF FA			
_	MILL MINEY	12 rue	eu	890	O REISTER	STOWN ROAD	PIKESV	/ILLE, MD 2120
	23. PART 1. Enter the diseases, or conshock, or heart failure. L	emplications that cause of	rsed tha death. Do r	not entar the	mode of dying, suc	h as cardiac or resp	iratory srrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	CE	ERGBROVI	4 SOULA	a Acc	i DENG		Onset and Death
_		DUE TO (OR A	AS A CONSEQUENCE OF	78D	ARTO	IDENT PLIOSCLE	2005ie	-20 years.
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR /	AS A CONSEQUENCE O	F):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR /	AS A CONSEQUENCE O	F):				
	PART ii. Other significant conditions	contributing to deal	th but not resulting	in the under	ving cause given in	Part I. 24e. WAS A	ALITOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL		Y ARTGRY				PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
							10.00	
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			S. PLACE OF DEATH (Ch	eck only one)		
2		1 Inpetient 2 ER/	Outpetlant 3 🗆 DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye.	RY 28b. TIM	URY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	iD .
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJ building, etc. (URY — At home, farm, specify)	street, factory, o	office	281. LOCATION (Street City or Town, State		ural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURS ON 1 DESCRIPTION OF THE CONTROL OF							use(a) and manner as stated.
- 11	29b. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUI			GNED (Month, Day, Year)
O BE		M.D.			D-22	609	> 5	-23-96
	30. NAME AND ADDRESS OF PERSON WHO RUBEN RE	OF THE	9, 74	Print) 45 F	URNACE	BRANCE	+ Rd-61.	-23-96 en Burnie 1421060
	31, DATE FILED (Month, Day, Year) MAY 2.8 1996	32. REGISTRAR'S S	IGNATURE					

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State of Maryland / Department of Health and Mental Hygiene

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				Ce	rtificate	UI Deal	11		Reg. No.		1002
/sician ledical	Decedent's Neme (First, Mid JOHN	ddle, Last) RIFE]	FOX			2. Date of De Month MAY		Year 1996	3. Time of Death 2:10 P
aminer	4a. Facility Neme (If not institut		nber)			4b. City,	Town, or L	ocation of Deat	h 4c. Count	y of Death	
	SAINT JOSEP	H MEDICAL	CENTE	ER		TOWS	SON,	MD	BALT	IMORE	
al	5. Social Security Number 216-05-2646	6. Sex 1 □ M 2 □ F	7. Age (In yrs. 85	last birthday) Yrs.	ff Under 1 Y Months D	eer if Und ays Hour	ler 24 Hrs. s Min.	8. Date of Bir (Month, De			e (State or Foreig
or	Usuel Residence of Decedent							Mar.25	, 1911	MARYI	LAND
	10a. State 10b. Court	nty	10c. City	, Town or Lo	ocation				_	10d.	Inside City Limit
ctor	MARYLAND BALT	IMORE	1	PARKTO	N						1 ☐ Yes 2 📉 N
al Director	10e. Street and Number 1419 Arm	acost Rd.			10f. Zip Co	de 21120			10g. Citizen of USA	What Country	?
by Funeral	11. Maritel Status 1 □ Never Married 2 □ M 3 ☑ Widowed 4 □ Divorce	erried Armed For	Ð		Was Decedent If Yes, specify 1 ☐ Yes 2 ☐			pecify Yes or No Rican, etc.)	o- 14. Ra Bis Specia	ca - American ack, White, etc.	
Completed	15. Deced (Specify only high Elementary/Secondery (0-12	ent's Education hest grade completed) College (1-	4or 5+)	(Give life.	dent's Usual On kind of work do DO NOT use re	one during m etired)		ring	Md Hi	ghway istrati	
BeC	17. Fether's Neme (First, Middle	le, Last)		KIGHE	OI NO.	18. Mo	ther's Nam	e (First, Middle	, Maiden Sumai		
To	John Rife	Fox, Sr.				Ca	rrie	Grace U	nglaub		
To	19a. Informant's Neme/Relatio	nship (Type, Pnint)		19b. Maili	ng Address (St	reet and Nur	nber or Rur	ral Route Numb	er, City or Town	, State, Zip Co	ode)
	Frances Kath	erine Swim					West	minster	, MD 2	1157	
10	20a. Method of Disposition 1 Burial 2 Cremation	n 3 🗆 Removal from S		lace of Dispo emetery, crer	osition (Name of matory or other	plece)		29 29	20c. Location	- City or Town,	, State
	4 □ Donation 5 □ Other	(Specify)		air Me	morial	Garde	ns	MAY	Belair	, MD	
	21. Signature of Edgeral Service Bryan	W. Clary	uf.	L		unera	1 Home		laney V		Inc.
ın	23a. Part1. Enter the disease, shock, or heart failure. Li	or complications that ca ist only one cause on sa	the death							Ap	oproximate tervel Between nset and Death
al er	Immediate Cause (Finel disease or condition resulting in death)	*RESPI		FAI]		ECONI	DARY	TO		7	DAYS
Examiner		CARDI	OPULMO	NARY	ARRES	Т					
xan	Sequentially list conditions, it eny, leading to immediate cause. Enter Underlying		Due to (or	es e consec	quenca of):						
	cause. Enter Underlying Cause (Disease or Injury that Initiated events	_{c.} HYPER		_		CLERC	TIC			YF	EARS
n/Medical	resulting in death) Last	d.CARDI		es e conseq JLAR I	DISEAS	Е					
sicia	Part II. Other significant condi	tions contributing to dea	ath but not resu	ilting in the u	nderlying caus	e given in Pe	rt I.	23b. Did	tobacco use co	ontribute to th	e cause of death
/ Physician				•	,	•					ly 4□Unkno
Completed by Physicia								24a. Wes	en eutopsy ormed?	avalla	autopsy findings ble prior to letion of cause lth?
								10	Yes 20 No	1 🗆 Y	es 2 No
E O						26. Pla	aca of Deat	h (Check only	one)		
	25. Was case referred to medic	cal									
m	25. Was case referred to medic examiner? 1 ☐ Yes 2 ☒No	100	patient 2	ER/Outpetier	nt 3□ DOA	Other: 4 🗆	Nursing Ho	ome 5 Resi	iden <i>ce</i> 6 □Oti	her (Specify)	
To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Penc	Hospital: In		ER/Outpetier 28b. Time of Injury	f 28c.	Other: 4 Injury at Work?			idence 6 Oti how injury occu		
lo Be	examiner? 1 Yes 2 XNo 27. Manner of Death 1 Xetural 5 Penc 2 Accident inves 3 Suicide 6 Cout	Hospital: 28a. Date of (Month)	f Injury), Day Year)	28b. Time of tnjury	f 28c.	Injury at Work? 1 Yes 2		28d. Describe		rred	oufe <i>Number</i> ,
o Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. Certifier 2 Xertifier	Hospital: 28a. Date of (Month)	f Injury o, Day Year) of Injury - At hog, etc. (Specify post of my knowsis of examinat	28b. Time of trijury	M 28c. M reet, factory, oft	Injury at Work? 1 Yes 2	□ No	28f. Location (City or To	Street and Num wn, State)	ber or Rural Re	d.
To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Pend inves 3 Suicide 6 Cout 4 Homicide 6 Cout 29a. Certifier (Check only 2 Medical	Hospital: X In 28a. Date of (Month) 28e. Placa of building ring Phyelctan: To the bar and manner.	f Injury o, Day Year) of Injury - At hog, etc. (Specify post of my knowsis of examinat	28b. Time of trijury	M 28c. M ceet, factory, off	Injury at Work? 1 Yes 2	□ No	28f. Location (City or To	Street and Num wn, State)	ber or Rural Re anner as state end due to the	d. e cause(s)
edical Certification: To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Noter that investing the series of the s	Hospital: In Indian Ind	f Injury o, Day Year) of Injury - At ho g, etc. (Specify best of my know sis of examinat er stated.	28b. Time of Injury me, farm, str.) wledge, death	f 28c. M 28c. n occurred at the vestigation, in recording to the control of the	Injury at Work? 1 Yes 2 lice le time, dete ny opinion, d	□ No and place, leath occurrence	28f. Location (City or To	Street and Num wn, State) cause(s) and m date end place,	ber or Rural Rusanner as state end due to the	od. e cause(s) y, Year)

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Day, Year)
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State of Maryland / Department of Health and Mental Hygiene

Mental Hygiene 96

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/Medical	1 -	ANN MARIE FRA 4e. Fecility Neme (If not institution, g	NKE	mher)				4h	City To	wn orl	ocation of Dea	23	1996 inty of Deeth	4115Pm
Examiner		Stella Maris Ho		inberj					OWSC		oomion or per		timore	
Funeral Director		5. Sociel Security Number 6. 158–12–0085	Sex 1□M 2 1 F	7. Age (/ 76	In yrs. lest bir		If Under 1 Ye Months De		If Under Hours	24 Hrs. Min.	8. Date of B	1, 1919	9. Birth	plece (Stete or Foreignery) Jersey
land ow	-	Usual Residence of Decedent 10a. Stete 10b. County		10	Oc. City, Tow	n or Loca	ıtion							10d. Inside City Llmi
r 28a-f show	5	Maryland Baltimo	re		Cockey	ysvi]	lle							1 ☐ Yes 2 🙀 N
23a or 28a-f s		10e. Street end Number 4 "G" Beehive Co	urt				10f. Zip Coo	103	0			10g. Citizen U.S		intry?
or items		11. Marital Status 1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Wes Dec Armed Fo 1 ☐ Yes It Yes, Gir Yeer or D	rces? 2 X No ve	er In U,S.	lf Y	es Decadent /es, specify (Cuben,	penic Ori Mexicar Specify:	n, Puerto	ecify Yes or N Rican, etc.)		Raca - Amer Bleck, White ecify: Wh	
"naturel", dical Ex		15. Decedent's (Specify only highest g	Education (rede completed)		16e.	. Decade	nt's Usuel Oc	ccupetione du	on ring mos	t of work	ina	16b. Kind o	t Business/Ir	ndustry
led within 72 ho ygiene. her than "nature it, tre Wedcall	The state of the s	Elementary/Secondary (0-12)	College (1-4or 5+)	Adh		nd of work do NOT use re strati					Law C	ffice	
tal Hygind other event, I	3	17. Fether's Name (First, Middle, Le: Harry Brant	st)				Jeruer	1	8. Mothe	er's Nam		le, Meiden Sun		***************************************
de man		19e. Intorment's Name/Relationship Edwin J. Brant	(Type, Print)	₹)		-						ber, City or To		,
Peges 1 and 2 nent of Health int: If Item 27 II	1	20a. Method of Disposition 1 ★Buriel 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spec			20b. Place of cernete.	rv. creme	tion (Neme o tory or other s Ceme	plece)	y	5/28	Dete 3/1996		on - City or T	own, State
permit. Pege. Department of Important: If i eny injury or once.		21. Signature of Funeral Service Lig	ogitico o santhe l	nd	6						L Home			
	+	23e. Pert1. Enter the disease, or co	molicetions that o	aused the	a deeth Do							sex, Mo	d. 212	221 Approximete
Physician /Medical Examiner	- 1	shock, or heart feilure. List online Immediate Ceuse (Finel disease or condition	y one cause on e	ech line.		Ma	Q/)	-,			,			Intervel Between Onset end Deeth 34 years
		resulting in death)	0 .		e to (or es e	conseque	ence of):							9
sate be executed shysician and the buriel-transit dical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	b. ——	Due	e to (or es e	conseque	ence ot):							
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death certifice ettending of for use as	-	Pert II. Other significant conditions	contributing to de	eath but n	not resulting in	n the und	erlying cause	a diven	in Part I		23h Di	d tobacco use	contribute	to the cause of deat
requires that the death cer een signed by the ettendir hould be deteched for use sted by Physician/			Contributing to di		ot resulting ii		onying cause	- Sivoii	11110111			Y 98 200	o 3□Pro	
aw les b	-		· · · · · · · · · · · · · · · · · · ·									es en eutopsy formed?	6,0	Vere eutopsy findings veilable prior to ompletion of cause f deeth?
The in page											10	Yes N	0 1	□Yes 20 No
Physician: The this certificate ral director, pag		25. Wes case reterred to medical examiner?	Hospitel:					Other:			th (Check only			
를 들 등		1 ☐ Yes 2 ☐ No 27. Menner of Deeth	28e. Dete	npatient ot Injury	2 □ ER/Ou 28b.	tpetient Time ot	3LI DON	Injury e	4 🗆 140	ursing Ho		sidence 6 🏋		(b) HOSPICE
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ospital or A hours efter unerel Directive by filled in by		4 Honicide	Dyniai	ng. altc. (S								own, Stete)		
To the Hospital or Attend within 24 hours effer death To the Funerel Director: completely filled in by the Medical Certificat		29a. Certifier 1 ☐ Certifying F (Check only one) 2 ☐ Medical Exa	hysicien To the miner: On the bi and man	best of m mis of exa per stated	aminetion en	dor inve	ccurred et th stigation, In n	e time, ny opin	dete en lon, dee	d plece, th occur	end due to the red et the time	e cause(s) end e, dete end ple	menner es ca, end due	steted. to the cause(s)
To the comple		29b. Signeture end title of certifier	5		>		29c. Llo	se n	sumber 55	ch	٠	29d. Dete sig	ned (Month	Dey, Year)
	3	30. Neme and eddress of person who	completed caus	e ot deeth	h (Item 23e)	(Туре, Рг	int)					(// (_ 11	. 110
		DR. EDDIE NAKHUD			NEY VA	LLEY	RD.,	TOV	SON	, MD	2120	4		
State Registrar	1	31. Dete tiled (Month, Day, Yeer)			Signeture									
og.ondi		MAY 28 1996	Julia Da	1400/	-Handelle	× .								

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State of Maryland / Department of Health and Mental Hygie	ene
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					Certifica	ate of	Death		Reg. N	No.			
		1. Decedent's Name (First, Middle, Las	st)					2. Dete of D	eeth		wie."	3. Time	of Deeth
Physician /Medical		J	anice May	Roque	e-Gara	za.		Month		199	Yeer 6	2:35	5 AM
Examiner		a. Facility Name (If not institution, give					4b. City, Town, or		1	c. County		14,72	
		Spa Creek Genes 5. Social Security Number 6. So		Care	helaus) If Unc	dar 1 Year	Annapo If Under 24 Hrs		leth.			unde	
Funeral Director			DA KOE		frs. Month				19	52 C	onne	ecticu	t.
ta-f show	١,	Maryland Anne A	rundel 10	oc. City, Town	or Location apoli	s					1	0d. Inside (City Limits
r thems 23s or 28s-f s where must be notified Funeral Director		10e. Street end Number 1217 Green Holl	y Drive		10f. 2	Zip Code 2	21401		10g. C	USA	/hat Coun	try?	
è l		11. Maritel Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Eva Armed Forces? 1 ☐ Yas 2 M No If Yes, Give Yeer or Datas:	ır İn U,S.			Hispanic Origin? (S en, Mexican, Puer Specify:	Specify Yes or N to Rican, atc.)	0-		k, White,	an Indian, etc. ite	
her than "natural to the Medical of Completed		15. Decedent's Ed (Specify only highest green Elementary/Secondary (0-12)	ucation da complated) College (1-4or 5+)		life. DO NOT	vork dona use retire	during most of wa	rking		Kind of Bu			a. 66
Per in the		12		Se	creta	ry	40 Mash - de Ma	/Ei bAidai			-	fice	Staff
even Be		17. Fether's Nema (First, Middla, Last) David Orvi	110 Cumti				18. Mothar's Na						
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ealth an n 27 is in trau	- 1	Bianca C. Coffin/1	• •		_		11y Dr.					C000)	
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Depart Import any In		21. Signature of Junerel Service Licentics George E. MacN	Mark		22. Nama Cro	end Addr emati 9 Fre	ederick R	ty of M	ary]	land, ce, M	Inc.	228	
hysician /Medical xaminer	1	23a. Part1. Enter the disease, or comp shock, or heart feilura. List only o Immediete Cause (Final disease or condition	one ceuse on eech line.							~		Approximatintervei Be Onsat and	etween
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signed by the attend id be detached for us d by Physician/		Part II. Other significant conditions co	ntributing to death but n	ot resulting in	the underlying	causa gr	ven in Pert I.				3 ☐ Prot	the cause	Unknown
2 shou								24e. We	s en aut ormed?	topsy	col	ere eutopsy ailable prior mplation of death?	to
page 2								1 🗆	Yes	28 No	10	Yas 20] No
certificate rector, pag	1	25. Wes case referred to medical axaminer?					26. Plece of De	ath (Check only	ona)				
his ce		1 Yas 2 No	Hospital: 1 Inpatient	2□ ER/Out	petient 3□ I	DOA Ot	her: 42 Nursing I	lome 5□Res	Idence	8 Othe	er (Specify	y)	
is print death. If Director: After this certification by the tuneral director. Certification: To Be	1	17. Manner of Death 1	28a. Dete of Injury (Month, Dey Ye	sar) 28b. T	ima of jury M	28c. Inju Wo 1 [ryet rk?]Yes 2 □ No	28d. Describe	how in	jury occurre	ed		
In Direct Ind in by Certific		3 ☐ Sulcide 6 ☐ Could not be determined	building, etc. (S	Specify)				28f. Location City or To	iwn, Ste	oto)			mber,
pietely fill edical		29a. Cartiflar (Check only one) 12 Certifying Phy 2 Medical Exam	sician: To the best of m iner: On the bests of exe end menner stated	eminetion and	daath occurre /or investigation	d at the ti on, in my d	me, dete end plece opinion, deeth occu	e, end due to the urred at tha tima	ceusa(, data e	(s) and mar nd place, a	nnar as st and dua to	eted. the cause	(8)
Tott		9b. Signature and title of certifier	Elewh F	on Dr. Co			se number			Dete signed	/		
	3	0. Name and addrass of person who c	ompleted cause of death		Type, Print)		mu	suc,		214	()		
State	3	Date filed (Mogth Cay, Year)	Tia Davidostara	Royaluses									



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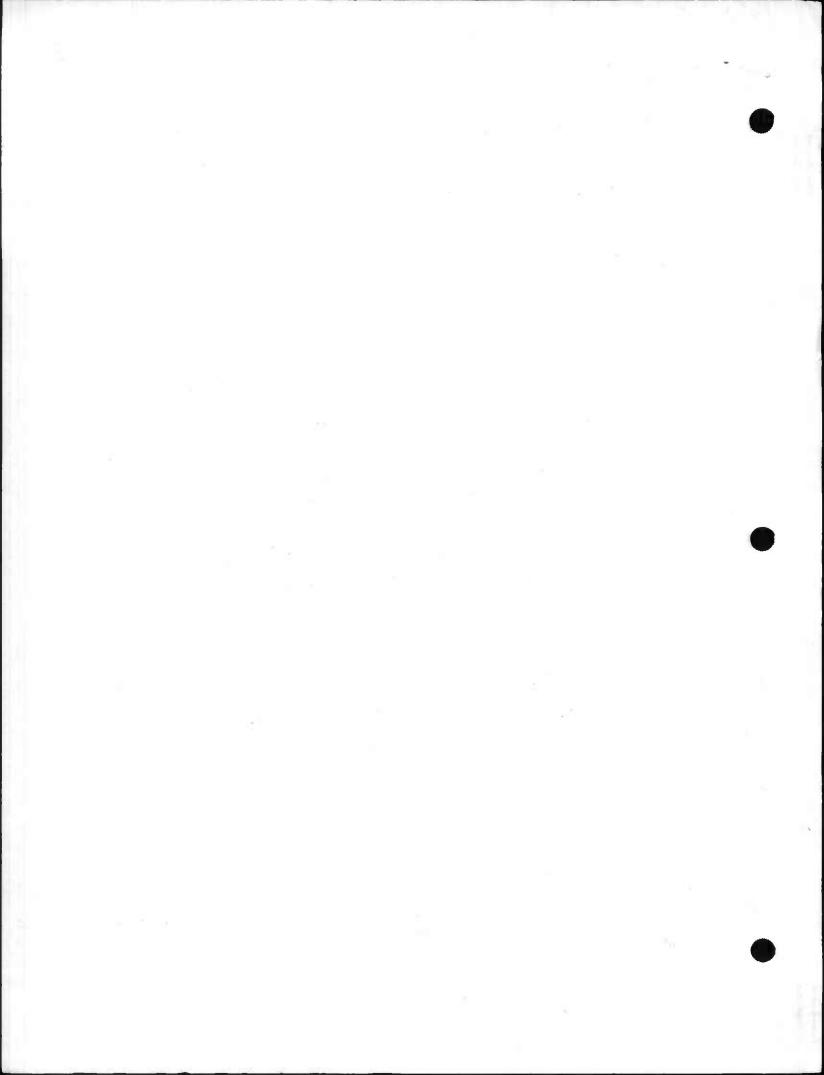
TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Durs after death. Page 6 may be retained by the hospital or attending physician.

TOTHE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICALE	: Ur	DEATH	REG	NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Mary Gros				MONTH DAY YEAR			3. TIME OF DEATH			
R	4. SOCIAL SECURITY NUMBER 5, SEX					may	24 1	796	7:35AM		
	212-22-4712 1 \(\text{\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texitit}\$\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\te		ns. lest birthdey) 81 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	er)	Count	**	
	9a. FACILITY NAME (If not institution, give street and number)						Jan. 19,1915		4		
	Frederick Villa Nursing Home			96. CITY, TOWN OR LOCATION OF DEATH Catonsville				9c. COUNTY OF DEATH Baltimore			
KI	RESIDENCE OF DECEDENT				Datemole						
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?						10d. INSIDE CITY		
FUNERAL DI	Maryland Baltimore			Catonsville						1 - YES 2 NO	
	10s, STREET AND NUMBER				101. ZIP CODE			10g. C	10g. CITIZEN OF WHAT COUNTRY?		
	711 Academy Road					21228			U.	S.A.	
ا يَ	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica					14. RAC	E — American Indian, k, White, etc.	
COMPLETED BY	1 Never merried 2			1 ☐ YES 2 🔀 NO Specify:				G)	Specify: White		
	15. DECEDENT'S EDUCATION 18a. DE (Specify only highest grade completed) (G/			ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working			16b. KIND OF BUSINESS/INDUSTRY				
				life. Do NOT use retired.)							
				Homemaker			Own Home				
	17. FATHER'S NAME (First, Middle, Last) Allen Dean				18. MOTHER'S NAME (First, Middle, Malden Surname)						
BE				Victoria Griffth							
2	19a. INFORMANT'S NAME (Type/Print) JOSEPH Gross (Son)			196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1830 Frederick Road Catonsville, Maryland 21228						A 21220	
	20e. METHOD OF DISPOSITION	Tonie									
	1 XBurlei 2 Cremellon 3 Removal from Stale Complete, Cremelory, Cremelory, Cremelory or other place! May 28 1996										
	4 Donetton 5 Other (Specify) Loudon Pa				R Cemetery Baltimore, Maryland						
					Witzke Funeral Homes Inc.						
_	1630 Edmondson Avenue Catonsville, Marylan								le, Maryland		
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										
	that Initiated events resulting in deeth) LAST				3						
	PART II Other elgolificant conditions contribution	PART II Ober drawling and the state of the s									
Y PHYSICIAN: MEDICAL	Senile demention Senile demention 1 Yes 2 To OF DEATH?							D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
	EXAMINER? 1 YES 2 10 1 Inpetient	2 ER/Oulpatio	ent 3 DOA	OTHE	1.	e 5 Residence		4			
	27. MANNED OF DEATH 28a. DAT	E OF INJURY	28b. TIM	E OF	28c. INJ	URY AT	28d. DESCRIBE		CCURED		
	1 Natural 5 Pending	nth, Day, Year)	IN.	JURY M		PRK? YES 2 NO					
LED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined 28a. PLACE OF INJURY — At home building, atc. (Specify)			me, farm, street, factory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
۳	290. CERTIFIER	29e. CERTIFIER									
COMPLETED	Check in the course of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as attated.										
	290. SIGNATURE AND TITLE OF GENTINES				29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)		
器	mn										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ				AFrederick Roll Ball MOZIZE						
	DOVIAN SSTMAR	6m5	411	Ild	Fre	deric	KR.	Q B	4/0	moziza	
	MAY 2 8 1996	PARSON SHIP	Maria Company								



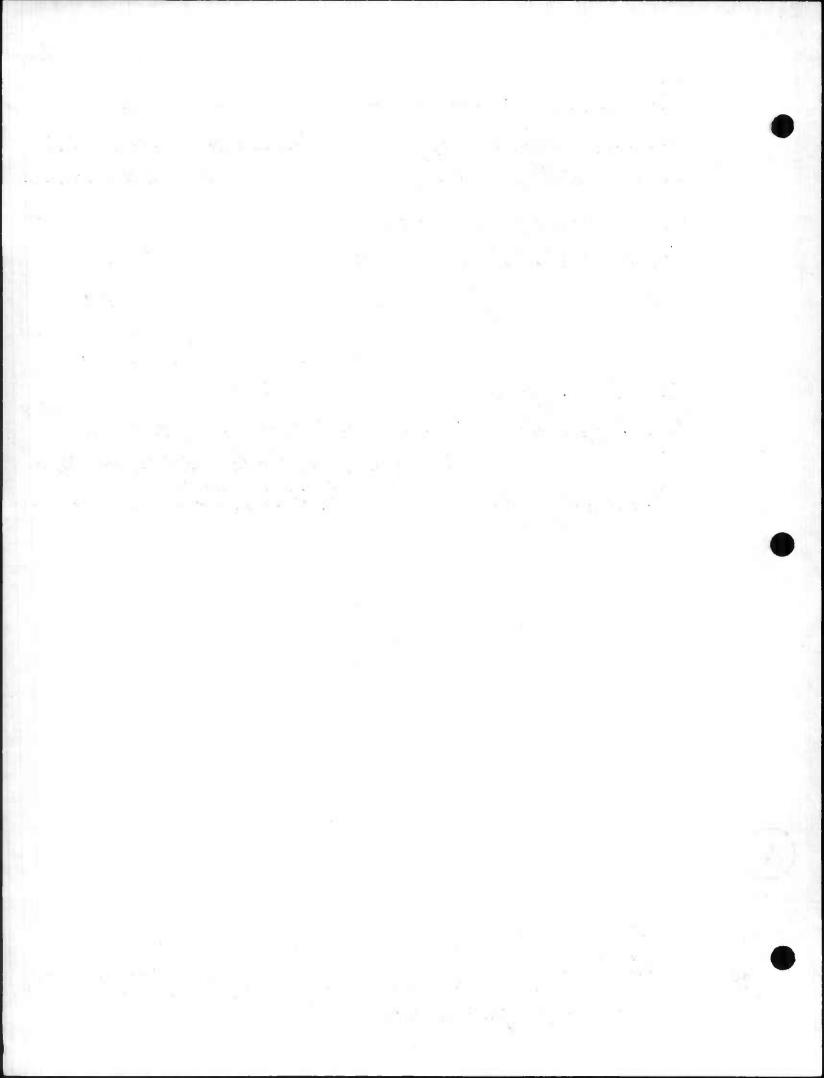
ITEMS: 1. & 15, PER F.H. FILM 96 State of Maryland / Department of Health and Mental Hygiene G-7355/28/96 t.t Certificate of Death ITEMS#2&5 film g736 6/3/96ag perFH 2. Date of Death 23, 1996 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) **Physician** 2:01 AH MAYFORD HIGGINS 6 161105 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva street and number) 4c. County of Death Examiner olumbiA if Under 24 Hrs. 8. Date of 70 9011 5. Social Security Number 7, 246-18-78 If Under 1 Year 6. Sax 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days Hours Min. 12M 2DF 216--08's Yrs Director 60 N. WIKESbord, NC Usual Rasidance of Decedent the Maryland 10e. Stete 10b. County 10c. City. Town or Location 10d. insida City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Exeminar must be notified at 1 ☐ Yes 2 ☐ No Director YOWARD a 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? daath with 7310 Funeral 12. Wes Dacedent Ever in U,S. Armed Forcas?
1 Yas 2 No If Yas, Giva Year or Dates: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No if Yes, specify Cuben, Maxican, Puarto Rican, atc.) Raca - American Indien, Bleck, Whita, atc. 11. Maritai Status permit. Pegas 1 and 2 should be filed within 72 hours after to Department of Haalth and Mental Hygiena. Important: If Item 27 ie marked other than "naturel", or ther eny injury or other traumetic event, the Mantal Examinat 1 Nayer Married 2 Merried Baltimore, Maryland 21215-0020 1□ Yas 2₽No Specify: Specify: þ 3 ☑ Widowad 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Businass/In (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) **11TH** 0 17. Father's Neme (First, Middle, Last) 16. Mothar's Nama (First, Middle, Maiden Sumania) Be 19e. Informant's Name/Ralationship (7) (e, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 20794 Brough Tow 7310 Wyo

20b. Place of Disposition (Mina of cemetery, crymetory or other) 7hr5, rege 20e. Mathod of Disposition 20c. Location - City of Town, Stetey Mathod of Disposition

1 Buriel 2 □ Cramation 3 Removal from State 4 Donation 5 Othar (Specify) 21. Signature of Funeral Service Licensee Approximate Interval Between Onset and Death **Physician** /Medicai Immediata Causa (Finai disaasa or condition resulting in daath) Examiner Examiner the burial-transit Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated events rasulting in daath) Last and Due to (or as a consequ Vital Records, P.O. Box 68760, attanding physician certificata be Physician/Medical Due for as a consequence of 98 use ŏ 23th. Did tobacco use contribute to the cause of death? been signed by the should be datached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yee 20 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? 2/1 No 1 Yas 1 ☐ Yas 2 No cartificata Be 25. Was casa raferred to medical 26. Placa of Death (Check only ona) axaminer? Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2 No Inpatient 2 2 ER/Outpatient 3 DOA #IS 27. Manner of Death 26d. Dascribe how injury occurred Medical Certification: 28b. Tima of 28c. injury at Work? 1 Natural 5 Panding invastigation Injury 1 Yas 2 Accidant 6 Could not be 3 Suicide 28a. Piaca of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 THomicIda To the Hospital within 24 hours a To the Funeral Completely filled 1/2 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifiai (Check only one) 29b. Signature 29c. Licanse number 29d Date signed (Month Day, Year) 20 (Itam 23a) (Type, Print) 30. Nama and address of p 31. Date filed (Month, Day, Year) Pegistrar's Signatura State Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** HURWITZ 11:45 PM ,1996 NETTIE MAY /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner RANDALLSTOWN BALTIMORE NORTHWEST HOSPITAL CENTER Months Deys Hours Min. 8. Date of Birth (Month, Day, Year) SEPT 28, 1909 Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthdey) **Funeral** 1 M 3 F 86 Yrs Director MD 214-10-0176 Usuel Residence of Decedent 10a. Sfete 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director MD BALTIMORE REISTERSTOWN 10e Streef end Number 10f. Zip Code 10g. Citizen of Whet Country? 12020 REISTERSTOWN RD. 21136 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Reca - American Indian, Bieck, Whife, efc. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐No If Yes, Give Baltimore, Maryland 21215-0020 8 WHITE 1 ☐ Yes 2 X No Specify: þ ₩Widowed 4 Divorced 'natural', Year or Dates Completed permit. Pages 1 and 2 should be filed within 72 h. Department of Health and Mennal Hygiene. Important If Item 27 is marked other respectively or other traumerised other respective. 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 SALES RETAIL 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) KARCHEM HARRY ZASLOVSKY MINNIE 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. DEBRA KIRK (DAUGHTER) 12 LAMPLIGHTER CT; BALTIMORE, MD 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) BALTIMORE HEBREW MAY 27, 1996 REISTERSTOWN, MD 21. Signifure of Funeral Service License 22. Name end Address of Facility 10 SOL LEVINSON & BROS., INC. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, intervel Between Onset end Deeth Onset end Deeth **Physician** /Medical Immediete Cause (Finel diseese or condition resulting In deeth) SEPSIS Examiner Due to (or es e consequence of): Examiner physician and the buriel-transit Sequenfielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thef initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): signed by the a d be deteched f Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? been si 24a. Wes en eutopsy performed? Completed 2 1 No 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

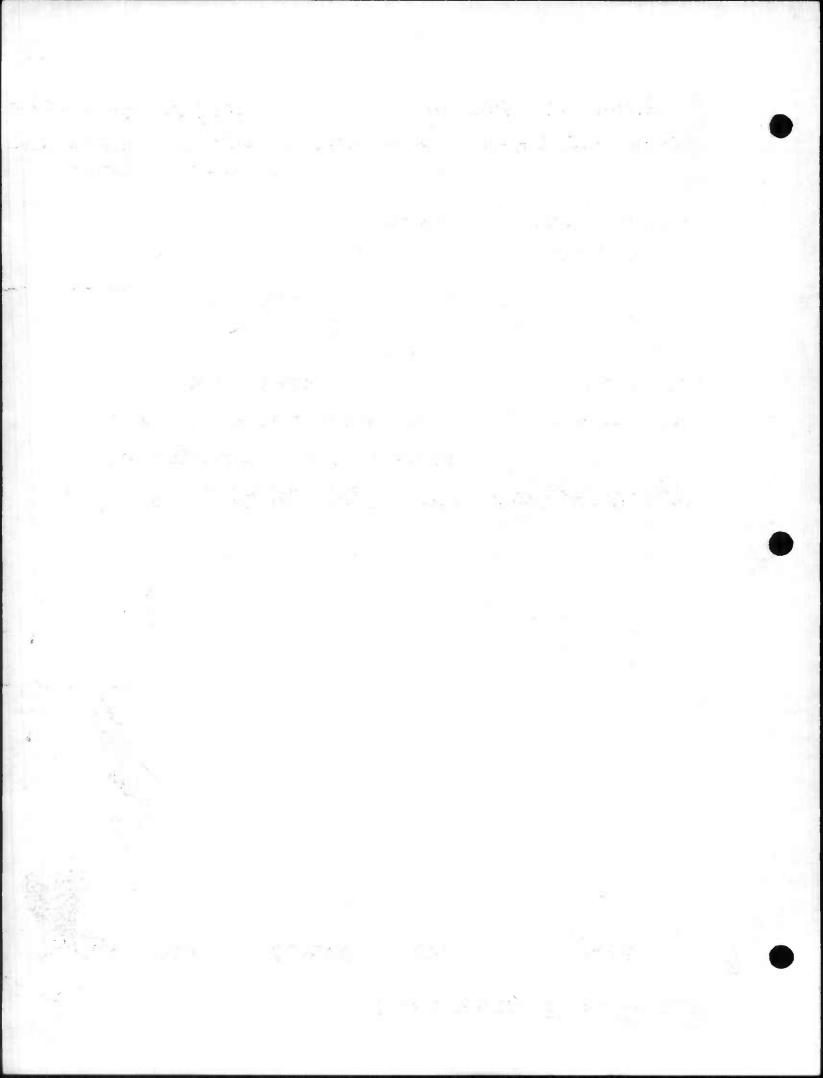
To the Funeral Director: After this certified 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) 10 Hospitel: 1 Yes 2 No 1 Inpafient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ER/Outpatienf 3 DOA 28a. Dete of Injury (Month, Dey Year) funeral 27. Menger of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 TYes 2 TNo 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date end pleca, and due to the cause(s) end menner steted. 29e. Certifier Medical 29b. Signeture and title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number MACS 84,1996 MD, 30. Name and iddress of older who completed cause of death (Item 23a) (Type, Print) IMPERIAL, Jr 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State whie Devideon Randoll 28 1996 Registrar

7.2 , -- (A.s.

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

The State and Nember 2 Country 1 Country 2 Country 2 Country 2 Country 3 Cou						Cert	ificate of	Death		Reg. No.		
FUND COLORS AND ACCORDING TO STATE A COLORS AND ACCORDING TO STATE A	Physic	ian	1. Decedent's Neme (First, Middle, L	est)	4						Yaar	3. Tima of Death
POINT OF THE PROPERTY AND A. A. CO. GLED BURNIE 10.7 (Apr. if they are due to company 1.7 (Apr. if they are due to company			HNNA M	· HAM	LIN				MAY	25	1996	6:45 13.1
Social Security Number 1 Social Securi	Exami	ner		ve street and number)	-	W.		4b. City, Town,	or Location of Dea	th 4c. Cou	nty of Death	
226-12-731 MARYLAND A. A. CO. GLEEN BURNIE 102 pc close 100 closes of divinion of lives (Maryland Country) 102 pc close 103 closes and returned 103 closes and returned 103 closes 103 closes and returned 103 closes									olen Due	nie	AN	WEHRUN Del
The State 100. County 100. Colly 100. Colly 100. Colly 100. Colly 100. Colloc 100. Col			216-12-7311						in. 10-2-2	ay, Year)	MARY	LAND
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Physician //Medical Examiner Physician //Medical Examiner //Medical	72 h	eted	15. Decedent's E (Specify only highest gi	ducation ade completed)	16	a. Decede	nt's Usual Occu	pation during most of v	vorking	16b. Kind of	Business/in	dustry
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Physician //Medical Examiner Physician //Medical Examiner //Medical	shou and M	-	19a. Informant's Name/Relationship	(Type, Print)	19	9b. Mailing	Address (Stree	and Number or	Rural Route Numi	oer, City or Tov	vn, Stata, Ziç	o Code)
Physician //Medical Examiner Physician //Medical Examiner //Medical	elith elith er tre		MR. THOMAS HAMLIN		52	26 NO	LWOOD CO	OURT GLE	N BURNIE	, MD. 2	21061	
Physician //Medical Examiner Physician //Medical Examiner //Medical	A the roth			Removal from State	20b. Place cemar	of Disposit ary, crama	tion (Nama of tory or other pla	ice)			-	
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Physician //Medical Examiner Physician //Medical Examiner //Medical	emit bepen mport my in	1	2), Signature of Funeral Service Lice	nsee	1.				AT HOME			
Physician Modical Examiner Augustian Physician	- 60240	(marllo K.	the seun	we	2 12	סואדום בח	ATK ACE	RAT.TO	MD. 212	222	
Immediate Cause (Final resulting in death) Just to (or as a consequence of): Due to (or as a consequence of): Sequentially list conditions, and the sequence of of the sequence of the sequence of of the sequence of of the sequence of of the sequence of the seq			23a. Part1. Enter the diseasa, or con shock, or heart failure. List only	polications in it caused the constant on each line	he death. Do	o not enter	the mode of dyi	ng, such es card	iac or respiretory of	errest,	i	Approximate Interval Between Onset and Death
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Course (Disease or influin) That Initiated events presulting in death of the cause of death of the cause of t	ransi	ami	Sequentially list conditions,					17.	111			
The state of the s	oe exe		cause. Enter Underlying Ceuse (Disease or injury	C								
The state of the s	physi the t	dice	that initiated events	Du	ua to (or as a	conseque	ince of):					
1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy indings available prior to completion of cause of death; 1 Yes 2 No 1 Y	Certifi ding se as	Me		d							İ	
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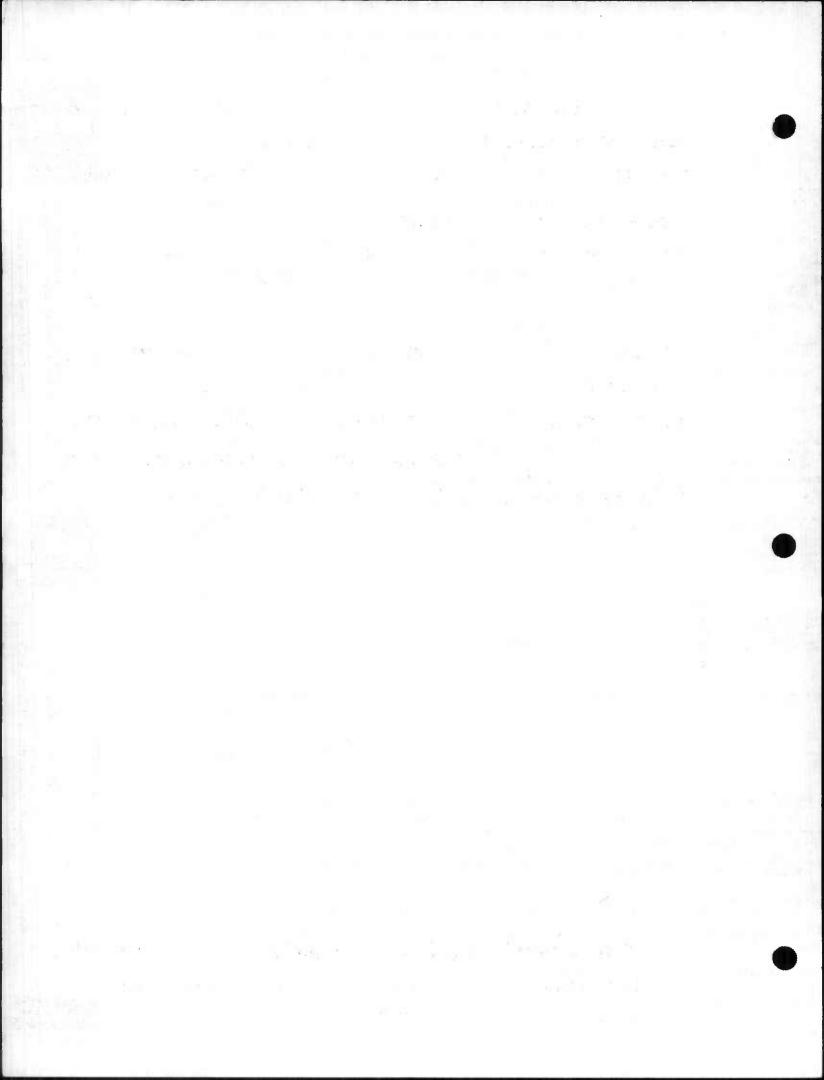
					, ,	Ce	rtificate	e of	Death		f record	Reg. No.	50	10023
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	/Medi Examii		4a. Facility Nama (If not Institution, §						4b. City, To		cation of Death	4c. Count	y of Death	0,00 am
	Funeral Director		241-12-6870	. Sex 1XDM 2□ F	7. Aga (In yrs. 75	last birthday) Yrs.	If Under Months	1 Yaar Days	If Undar Hours	24 Hrs. Min.	8. Date of Birth Month, Day APR . 6		9. Birthp	lace (Stata or Foreign try) arolina
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020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hyglene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Modical Examinat must be notified at once.	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. Was Dece Armed For	dent Ever in U, roas?	ny		ent of h		gin? (Spe , Puerto	ecify Yas or No- Rican, etc.)		ce - Amaric ack, White,	an Indian, etc.
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■ Balti	pemit. Departm Departm Importer any Inju		21. Signature of Funeral Service Lic 23a Part 1. Enter the disease, occessor, or heart fallure. List on	ensee A	Wett	7 T	1101 E	Fün	ess of Facilit eral	Home Aven	ue, Bal		MD 2	21202 Approximate
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Divis	ital or Attenders after deelf af Director:	Certification:	3 ☐ Suicide 6 ☐ Could not determine	d Zee. Place	of Injury - At ho		eet, factory,	, office		1	28f. Location (S City or Tow		ber or Rura	l Routa Number,
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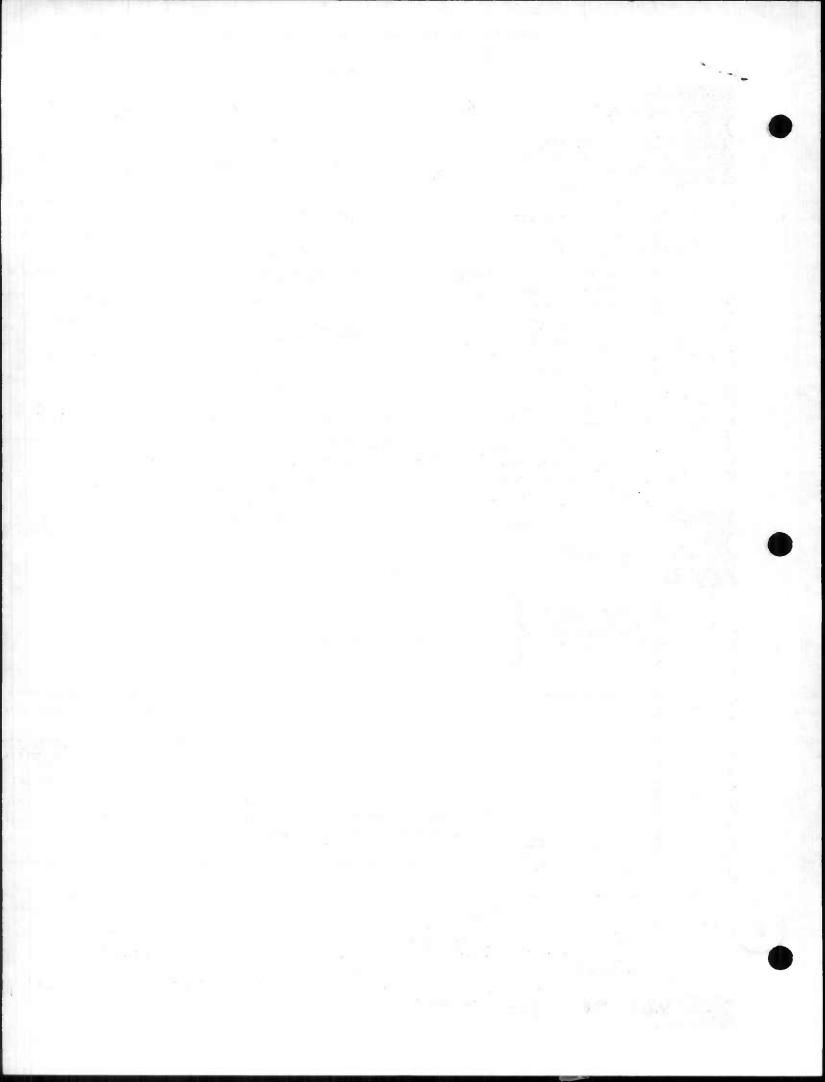
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F		1631 ¥ 5. Social Security t	Nort	h Aven	ue 7. Age (In yrs.	lest hirthdev)	If Under 1 Yea		timo		h	N/A	aca (Steta or Foreign
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3ª or 2	J Dire	10e. Street and Nu 1631 ¥	mber Nort	hAvenu	e		10f. Zip Code 2]	1217			10g. Citizen o	What Count	try?
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State of Maryland / Department of Health and Mental Hygiene 96

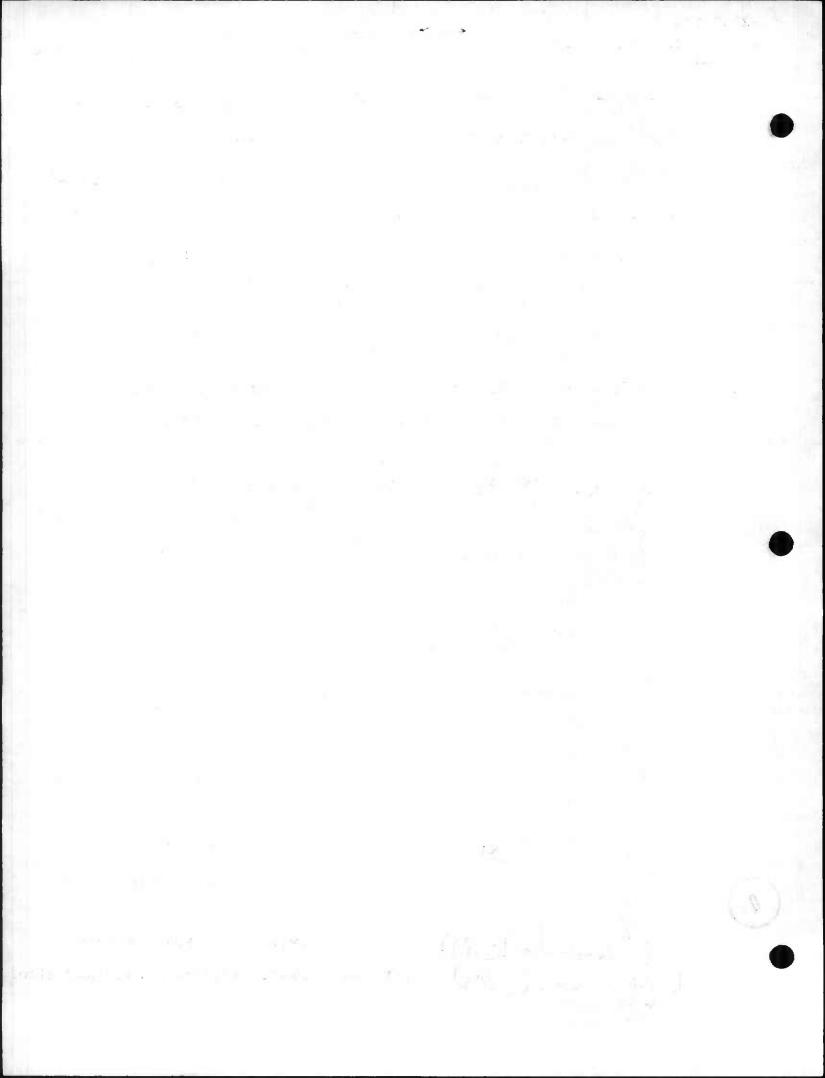
	Certificate of Death		Reg. No.	
	Decedent's Neme (First, Middle, Last)	2. Dete of De Month	eth	3. Time of Death
Physician /Medical	CHARLES HORTON	MAY	ay Ye	6 7AM
Examiner		vn, or Location of Deat		
	SINAI HOSPITAL BA	ZTIMORE	N/	'A
Funeral Director	5. Social Security Number 452-03-2403 6. Sex 1 DM 2 F 7. Age (In yrs. last birthdey) Months Deys Hours	Min. 8. Date of Bir (Month, De		Birthplace (State or Foreign Country)
>	Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location		•	and leader nite timber
S S	Md. Baltimore Catonsville			10d. Inside City Limits
St. St.				1 ☐ Yes 2 🔯 No
ust be notified at Director	715 Maiden Choice Lane HV 316	8	10g. Citizen of Whet	Country?
al', or items 23a or 28a-f show Examinet rest be notified at by Funeral Director		gin? (Specify Yes or No , Puerto Rican, etc.)		merican Indian, Inite, etc. White
t, the Medical Ex-	15. Decedent's Education 16a. Decedent's Usuel Occupetion (Specify only highest grade completed) (Give kind of work done during most	of working	16b. Kind of Busine	ss/industry
old No	(Specify only highest grade completed) (Give kind of work done during most life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+)	or working		
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e e	17. Fether's Neme (First, Middle, Last) 18. Mother	r'e Neme (First, Middle	, Meiden Sumeme)	
	David Horton Inez	Dorn		
trau tra	19e. Informent's Neme/Reletionship (Type, Print) Gwendolyn M. Horton (Spouse) 19b. Melling Address (Street end Number 715 Maiden Choice			
other	20e. Method of Disposition 20b. Pleas of Disposition (Name of	Dete	20c. Location - City	or Town, Stete
5 =	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) cemetery, cremetory or other plece) Lakeview Cemetery May	28 1996	Sykogyi 11a	e,Maryland
Injury	21. Signature of Edneral Service Licensee 22. Name and Address of Fecility		Syvesville	s, riai y tario
DOC BUT	Witzke Funeral	Homes, Inc.		21228
	23a. Pert1. Enter the disease, or complications this caused the deeth. Do not enter the mode of dying, such as a shock, or heart feilure. List only one cause of each line.	Avenue Cat	onsville.	Maryland
	23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as a shock, or heart feilure. List only one cause on each line.	cardiec or respiretory e	errest,	Approximate Intervel Between
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ner	resulting in deeth) Bue to (or es e consequence of):			1
je je	Immediate Cause (Finel disease or condition resulting in death) a. LIGHT VENTRICULAR MYOCARDIA Due to (or es e consequence of): Colo NARY ARTERY DISEA	156		
ial-transit Examiner				
EX EX	Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury c.			1
ca ca	The tritiated events			
wedical	resulting In deeth) Lest Due to (or es e consequence of):			
	d			
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ched	Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.	23b. Dld		ute to the cause of death
be detached for us by Physician/	RECENT CORUNARY BYBASS SURGERY	10	Yes 2 No 3□	Probably 4 Unknow
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page 2 should		24e. Wes	ormed?	lb. Were autopsy findings available prior to
mple				completion of cause of deeth?
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Be C	25. Was case referred to medical 26 Place	of Deeth (Check only	377	
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fune	1 12 Natural 5 □ Pending (Month, Dey Year) Injury Work?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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E =	4 Homicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)	City or To	wn, Stete)	ridiai riodie ridiliber,
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	one) end menner stated.	ii oodanaa ot tiio tiiio,	doto ond pioco, ond	200 10 1110 00000(3)
E 00	29b. Signature and title of certifier 29c. License number		29d. Dete signed (M	
	Dan aunilly Olivors Dagaa		5/70	496
	30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)	,	0	H96 U0. 21208
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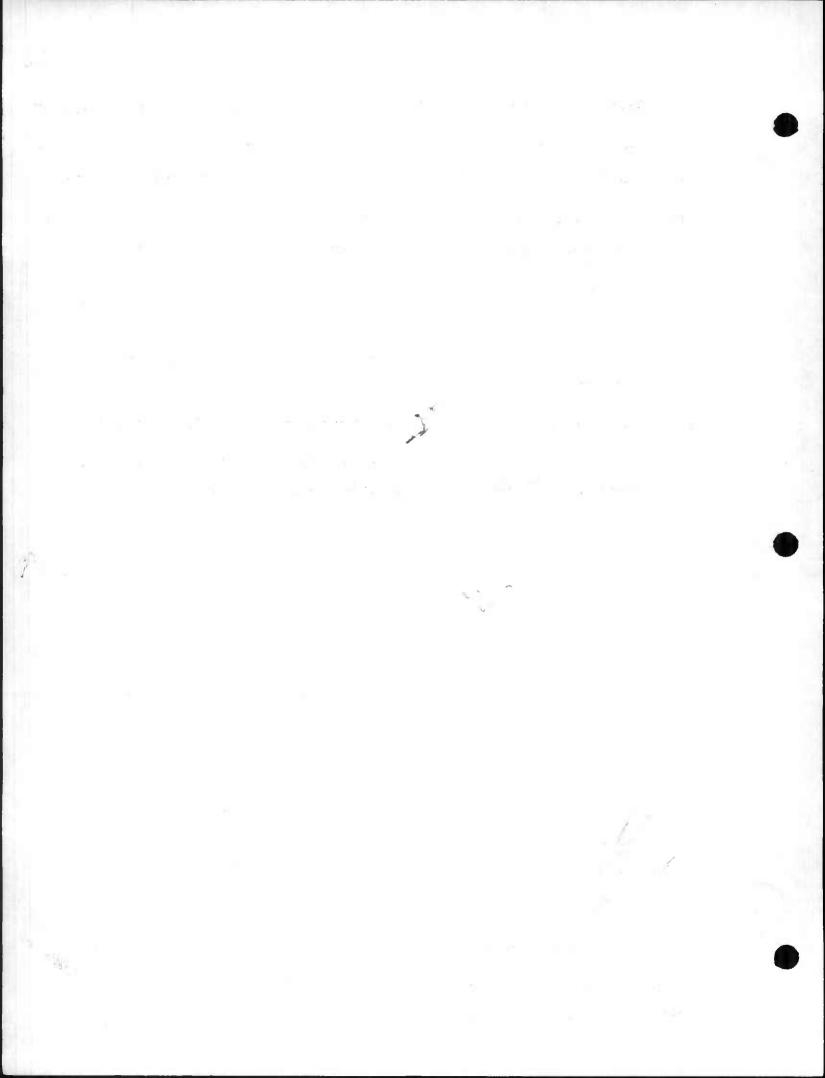
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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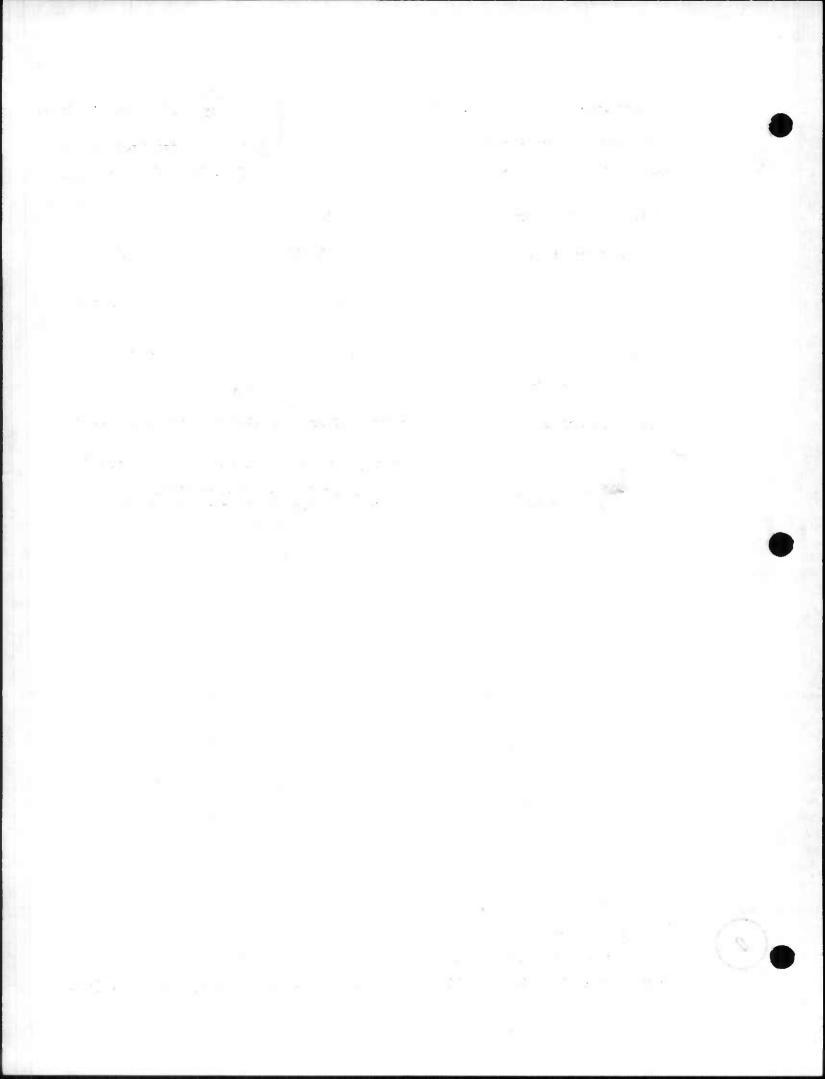
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	Physic /Medi		1. Decedent's Nem		JOHN	JAMES	S				2. Date of De Month MAY	Dey	Yeer L996	3. Time of Death 8:01 PM
₹-	Exami		4e. Fecility Neme (I	f not institution, gi	ve street and number)				4b. City, To	own, or Lo	cation of Deet	4c. Coun	ty of Deeth	
-	Funeral Director		St. Agne 5. Sociel Security N 214-46-23 Usuel Residence of	308	Sex 7. Age	e (In yrs. last	birthday) Yrs.	If Under 1 Year Months Dey	r If Under	timo r 24 Hrs. Min.	8. Date of Bir (Month, Da	th ly, Year)		olece (State or Foreign otry) 1and
	and w		10a. State	10b. County		10c. City, To	own or Loca	ation					1	0d. Inside City Limits
	Se-f sho	octor	Maryland	Balt:	imore			tonsvil						1 □ Yes ŽĮ No
	th with the	Funeral Director	10e. Street end Nur 20 N. Syn		Avenue			10f. Zip Code 212				10g. Citizen of	Whet Cour JSA	itry?
20	s 1 end 2 should be filed within 72 hours after deeth with the Meryland if Health end Mental Hygiene. Item 27 is marked other than "natural", or items 23e or 28e-f show other traumatic event, the Medical Evancher must be notified at	by Funer	11. Marital Status 1 Never Merri	ed 2 Married	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give			as Decedent of Yes, specify Cu ☐ Yes 21√1 N			acify Yes or No Rican, etc.)	- 14. Re Bli Speci	ece - Americ eck, White,	etc.
9	n 72 hours "natural",		3 - Widowed		Yeer or Detes:	1 4						401 151 1 11		
21215-0020	ithin 72 Ne. net	Completed	(Spec	15. Decedent's E lify only highest gr ndery (0-12)	ade completed) College (1-4or 5		(Give k	ent's Usuel Occ ind of work don O NOT use reti	e durina mo:	st of worki	ing	16b. Kind of I	3usiness/In	dustry
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Baltimore,	permit. Pages 1 end 2 Department of Health of Important: If Itam 27 is any Injury or other tra once.				☐Removel from State	ceme	tery, crema	ition (Name of atory or other p ematory		5 /2	Dete	Baltin		
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	ALC: U		23a, Pert1, Enter th	E. Macine disease, or con	nplications that caused	the deeth. D	o not enter	L Frede	rick k	cerdiec o	altimor or respiretory e	rrest, MD 2	21228	Approximate
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1	/Medical Examiner		Immediate Cause (disease or condition resulting in death)	Finel n	e. -/e	pate	Ence	he lupe f	hy					2 days
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9 xo		Physician/Medical		L	d	Alcoho	lesia							30 years
B	death e ette	sicia	Pert II. Other signifi	cant conditions	contributing fo death bu	at not resulting	In the und	deriving cause	oiven in Pert	l.	23b. Dld	tobacco use c	ontribute to	the cause of death?
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Sivis	or Attending after death. Director: Afte in by the fune	Certification:	3 Suicide 4 Homlclde	6 Could not be determined	28e. Plece of Inju building, etc	ry - At home, . (Specify)	farm, stree	et, fectory, offic	Ð		28f. Location (City or To	Street and Num wn, State)	ber or Rura	al Route Number,
-	St hour Fundal	edicai Co	29e. Certifier (Check only one)	Certifying Pl	hysician: To the best of	examinetion	ge, deeth o	occurred et the estigetion, in my	time, dete ei opinion, de	nd plece, o	end due to the ed et the time,	ceuse(s) end n	nenner es s , end due to	leted. the ceuse(s)
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State of Maryland / Department of Health and Mental Hygiene Q 6

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State Registrar

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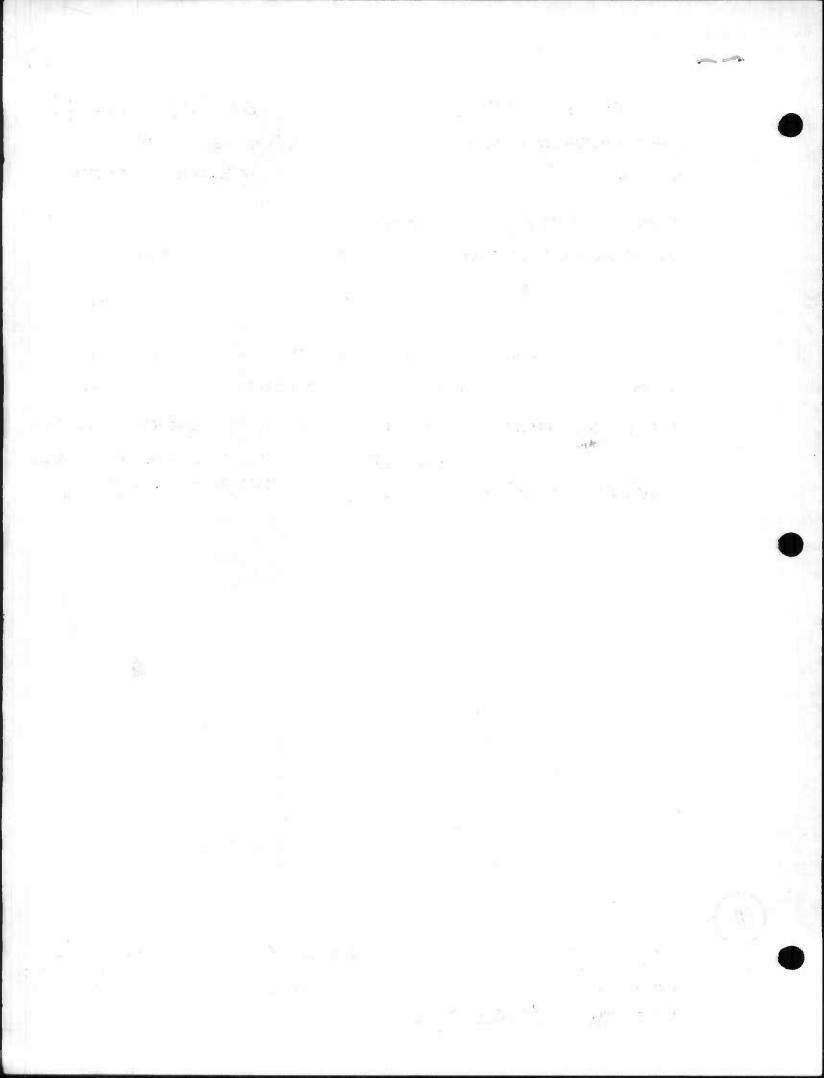
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MAY 28 1996



Baltimore, Maryland 21215-0020

offel or Attending Physician: The lew requires that the death certificate be axecuted we after death. Division of Vital Records, P.O. Box 68760,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

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Director

Funeral Director Be Completed by

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show eny injury or other traumatic event, the Medical Examinating that notified at once.

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Baltimore, Maryland 21215-0020

Physician /Medical Examiner

physician and the burial-transit ospital or Attending Physicien: The law requiras that the death certificate be axecuted Division of Vital Records, P.O. Box 68760, hours aftar death

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11. Marital Status 1 Navar Mar 3 Widowed	ried 2 X Marri 4 □ Divorced	Armed F	2 X No iva		Was Dece If Yas, spe 1 Yas	cify Cub	an, Maxicar	n, Puarto	pecify Yas or No Pican, atc.)		Race - Amaria Black, Whita, pecify: Whita	
		t grada complated		(Give	dant's Usu kind of wo DO NOT u	ork dona	during mos	st of work	king	16b. Kind	of Businass/In	dustry
Elementery/Sec 12	ondary (0-12)	Collega	(1-4or 5+)		Assem		,			Auto	Manufa	acture
17. Fathar's Nama									a (First, Middle Collins	Meldan Su	mama)	
19a. Informant's N		nip (Type, Print)			_				ral Routa Numb			•
Ida Mae	Jones	(WIFE)		103 C	ompas	ss R	oad I	Midd	le Rive	r, Md.	. 21220	
		3 □Ramoval from	Steta Hol	Place of Disponentary, cre	osition (Na matory or LS Men	ma of other pla n. G a	rdens	5/2	Data 28/1996	20c. Locat	inore	The state of the s
21, Stgriature of F	uneral Service L	Jung	gente	-		Charles and the	i 'Fün aster		Home I		d. 212	21
shock, or had	art failura. List i	complications that only ona causa on	aach lina.									Approximata Interval Between Onsat and Death
Immediata Causa disaasa or conditi rasulting In daath)	on	a. ma	lignar Dua to (ras a conse	quence of)	· · · ·	or (an	apla:	stic oligo	dendra	gluoma)	Zyrs
Consension the tink of	an altei a u a	b	Due to /c	. ac a conco	quanco of)							

Medical Certification: To Be Completed by Physician/Medical Examiner Saquentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated events rasulting in daath) Last

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	Dua to (or as e consequence of):
d	

II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tobacco use co	ntributa to the causs of deeth?
	1 □ Yes 2 X No	3 ☐ Probably 4 ☐ Unknown
	24a. Was an autopsy parlomad?	24b. Wara autopsy findings available prior to completion of causa of death?

			1 ☐ Yas 2 ☒ No 1 ☐ Yas 2 ☐ No								
25. Was casa rafarrad to medical	26. Placa of Death (Check only ona)										
axaminar? 1 ☐ Yas 2 💢 No	Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatie	Homa 5 Rasidance 6 □Othar (Specify)									
27. Mannar of Daath 1 ⊠Naturel 5 ☐ Pending 2 ☐ Accidant invastigation	28a. Data of Injury (Month, Dey Yeer) 28b. Tima Injury	f 28c. Injury at Work? M 1 Yes 2 No	28d. Describe how injury occurred								
3 Suicida 6 Could not determinad		reet, factory, office	28f. Location (Street end Number or Rural Routa Number City or Town, Stata)								

Certifying Physicien: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. Medical Examiner: On the besis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceusa(s) and manner stated.

29d. Data signed (Month, Day, Year) 5-24-96

30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print) 22 S. GreeneSt Baltimore MD 21201

John Gutheil MD Univ. of MD Cancer Center

32 Registrar's Signature 31. Data filed (Month, Day, Year)

State Registrar

All the second s

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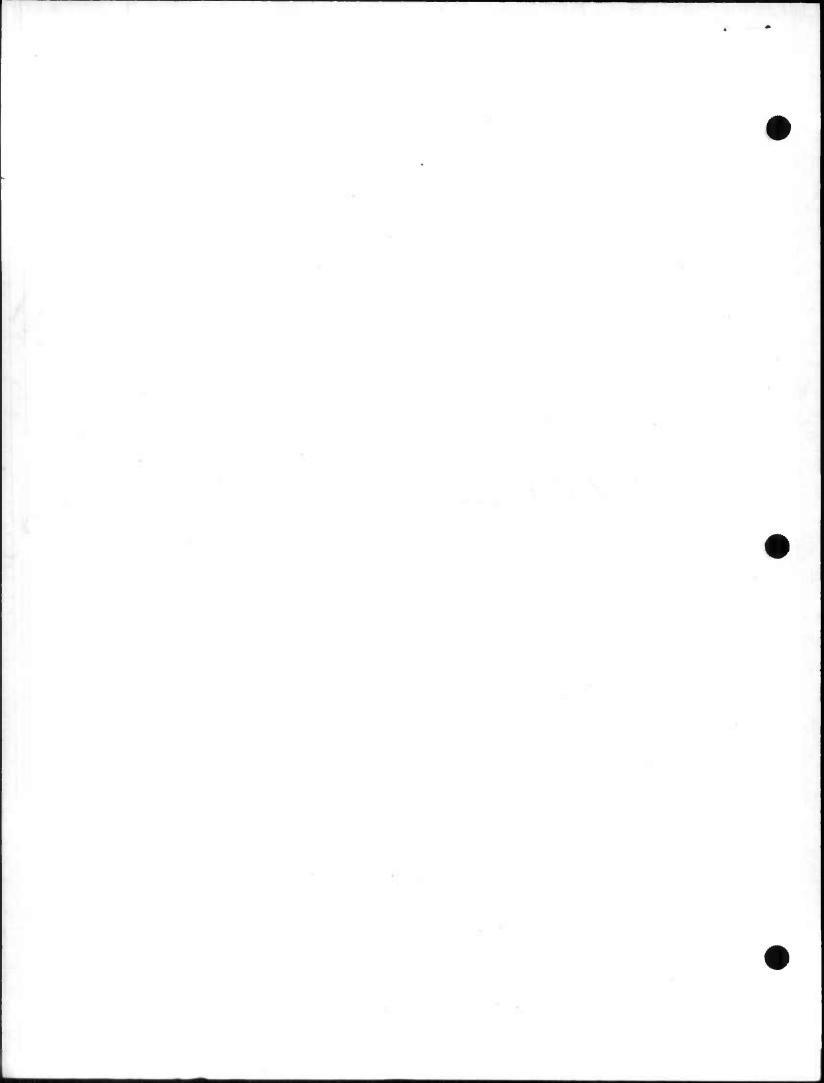
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

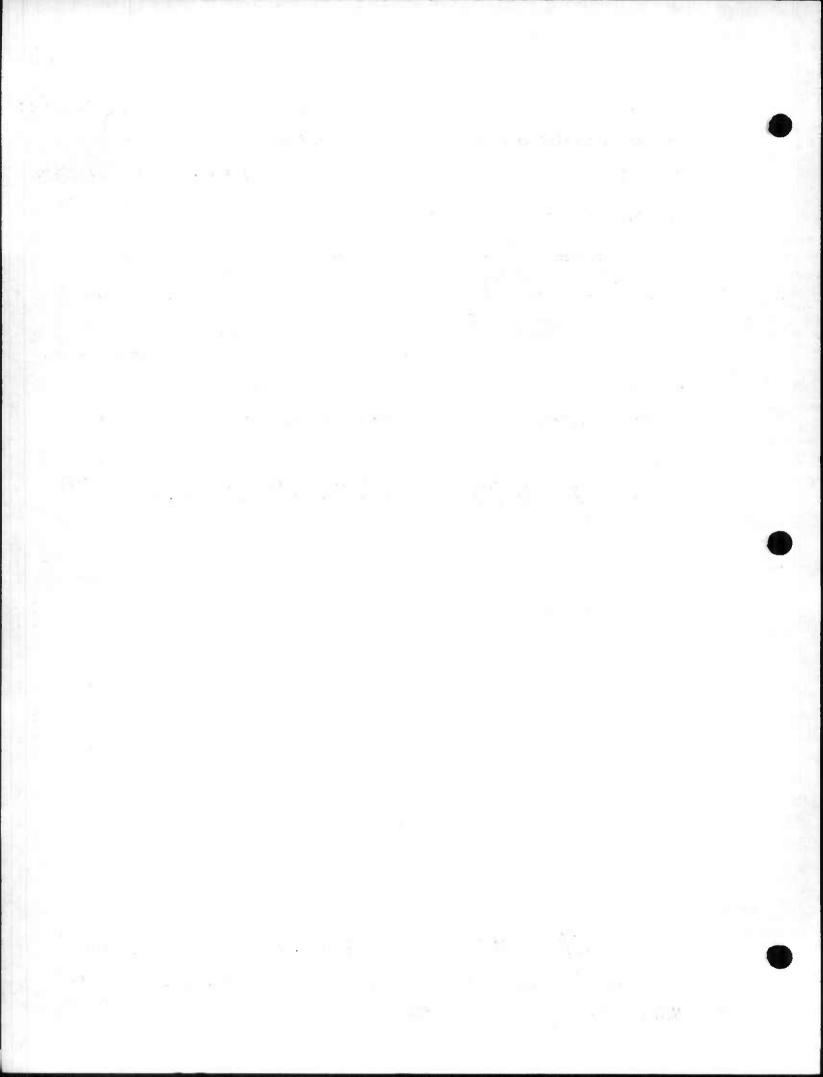
	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIEN	E				
		TONIETTE	KILEY			year 996	3. TIME OF DEATH 12:10 A. M			
	4. SOCIAL SECURITY NUMBER 293-14-5691	1 □ M 2 X F 90	YRS. MONT		Jan. 1, 19	906	Italy			
2	90. FACILITY NAME (If not institution, give s Harford Gardens BESIDENCE OF DECEDENT		9b.	Baltimore Ci		9c. COUNTY OF				
DIMEC	10e. STATE 10b. COUNT	у /А		wn or Location Itimore City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL DIRECTOR	100. STREET AND NUMBER 4700 Harford Rd.			101. ZIP CODE 21214		10g. CITIZEN OF	WHAT COUNTRY? A.			
à	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexice 1 YES 2 X NO Specify	n, Puerto Rican, etc.)	Ble	CE — American Indian, lock, White, etc. Decity: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade (Specify only highest grade (1992)) Elementary/Secondary (0-12) 10 yr 's		16e. DECEDENT'S USU/ (Give kind of work of life. Do NOT use retir Homemak	done during most of working red.)	16b. KIND OF BUS					
BE CON	17. FATHER'S NAME (First, Middle, Last)	Barone		18. MOTHER'S NA	ME (First, Middle, Meiden thea	Sumame) Baro	ne			
10 E	190. INFORMANT'S NAME (Type/Print) Michael Cornecel		3009 Ai		timore,MD	21214				
20e. METHOD OF DISPOSITION 1 Burlel 2 % Cremetton 3 Removal from State 4 Donetton 5 Other (Specify) Hilltop Service Corp 5/28/96 Towson, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, Maryland 21214 Leonard J. Ruck, Inc. 5305 Harford Rd.										
EHILICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CHIZONIC DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	ICTIVE PU	LmonAiry		Approximata interval Between Onsat and Death			
MEDICAL C	DECENERATI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. DECENERATIVE JOINT DISTAGE 1 USES 2 NO								
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNES-OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe-	28b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I 261. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,			
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only problem) 1 CERTIFYING PHYS	SICIAN: To the best of my know	riedge, death occurred at	the time, date and place, and due my opinion, death occured at the	o to the cause(e) and mer	nner ee stated.	e(e) end menner ee stated.			
IO BE	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUSE OF DE	M · D EATH (ITEM 27) (Type, Print	D 314	64	1 5/2	EO (Month, Day, Year)			
	Stto A113 A 1+A		ATUS. WI	W St Snite	300, 1	Builtin	me, MD 2100			
	1111 60 1330	- Houseon 10	nacise							



State of Maryland / Department of Health and Mental Hygiene 96 15640

							Cei	rtificate d	of L	Death			Reg. No	0.			
г	Dhania		1. Decedent's Neme (First, Middle	, Last)				1/	. /			2. Dete of D Month	eeth Da	91/	Yeer	3. Tim	na of Death
	Physic /Medi		Thomas	J.				Ke	11	Y		May		;, , <i>l</i>	996	55	6PM
	Exami		4a. Facility Name (If not institution						100			ocation of Dea		c. County	of Deeth		
			Bel Air Rehabi	litation	Cent	ter			B	sel A	ir		ŀ	Harfo	ord		
	Funeral		5. Social Security Number	6. Sax	7. Age	(In yrs. lest t	birthdey)	If Undar 1 Ya Months Da		If Undar Hours	24 Hrs. Min.	8. Date of B	irth)	9. Birthple	aca (St	ate or Foreign
ě.	Director		066-10-3276	1 🔀 M 2 🗆 F	8	2	Yrs.		.,.	110010		April	10,	1913	Penn	syl	vania
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	ha M	Director				Dec 1	N.C.C										103 24 140
	with of a	늅	10e. Straat and Number					10f. Zip Coo					10g. Ci		Whet Count	ry?	
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	ar de	Š	11. Meritei Stetus	12. Wes Dec	orcas?	1-24	13.1	Wes Decedent f Yas, specify (or HI	n, Mexicar	n, Puarto	Rican, atc.)	0-		e - America ck, White, e		n,
20	filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or items 23a or 28e-f show ow, the Medical Examinat must be nooted at	by F	1 Never Married 2 Marri 3 Widowed 4 Divorcad	ed 1 ∐ Yes If Yas, G Yeer or I	2 🔯 No live Detect	0		1□ Yas 2反	No	Specify:	:			Specify	: Whi	te	
Maryland 21215-0020	ture	8	15. Decedent		Detes.	16	a Decer	dent's Usuei Oc	CUDA	atlon			16h k	Cind of Bu	usinass/Ind	ineto,	
15	be filed within 72 hatal Hygiana. d other than "netun event, the Medical	Completed	(Specify only highes	t grade completed,			(Give	kind of work do	ne d	luring mos	st of work	lng	100.1	und or bu	33114331114	usuy	
212	filed within Hygiana. Ither than the Ment, the	E	Elementery/Secondary (0-12)	College ((1-4or 5+			tive					Tol	nnsor	ı and	Tol	илоп
D		Bec	17. Fether's Neme (First, Middle, I	ast)						18. Moth	er's Nem	e (First, Middle				2011	
<u>8</u>		To B	Michael Kelly							и	nkno	wn					
<u>a</u>	d 2 should be th and Mental th and marked of traumatic ever	-	19a. Informent's Neme/Relationsh	nip (Type, Print)		19	b. Mailir	ng Address (Str	eet e	and Numb	er or Rur	al Route Numi	ber, City	or Town,	State, Zip	Code)	
Σ	nd 2		Lee Anna Kelly/1	vife				llam Av							21014		
စ်	ーエック		20a. Method of Disposition			20b. Pleca	of Dispo	sition (Nama o	f	o)		Date	20c. L	ocation -	City or Tov	vn, Stel	le
Ē	Pagas nant of I		1 ☐ Burial 2 ☐ Cremetion 4 ② Donetion 5 ☐ Other (Sp		Stete	Cerner	өгу, сгеп	netory or other	PIEC	Θ)	i		1				
Baltimore,	- 두루루				21	01:	22	Name and Ad	dres	s of Fecili	ity	1		0.4.		0.1	
ñ	Depa Impo		21. Signature of Funarel Servica Licensee S. Wade, Dir. State Anatomy Board-655 W. Baltimore Baltimore, Maryland 21201-1559											nore:	stre	let	
	_	23a. Part 1. Enter the disease, or complications that caused tha death. Do not enter the mode of dylng, such as cardiac or respiretory errest,													Annroy	imate	
	Dhysisian		shock, or heart failure. List only one ceuse on each line. Intervel B Onset end											Between and Death			
	Physician /Medical		Immediate Cause (Final disease or condition Metastatic Proitate Cancer										8.	1905			
	Examiner		disease or condition resulting in deeth)	θ.					. (011/6	15			i	Uy	1403
Ш.		ě			U	oue to (or as	e conseq	uence or):							}		
	d d ansit	Examiner	Sequentially list conditions	b		ue to (or es	a consec	mence, of).									
o î	axeo an an rial-tr	EX	Sequentielly list conditions, if eny, leading to immediate cause. Enter Undertying Cause (Disease or injury c.														
68760,	certificate be asscuted ding physician and isa as the burial-transit	Medical	that initiated events	c	D	ue to (or es a	conseq	uenca of):									
B	tifica ng ph as th	Jed	resulting In deeth) Last			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									1		
XOR			`	d											<u> </u>		
	that the death of the by the attended for us	Physician	Pert II. Other significant condition	ns contributing to d	death but	not rasulting	in tha ur	nderlylna causa	giva	an in Part I	l.	23b. Dio	tobacco	o uae cor	ntribute to	the car	use of death?
5	law requires that tha as been signed by th 2 should be detache	hy		•				,,						2 No			4 ☐ Unknown
	signed be de	by F												1			
Ö	v require been sig should t											24a. We	s an euto	psy		re auto	psy findings
ဥ က	aw requisite the second	plet										pan	OHHEGY		com		of cause
ř	Tha law ata has page 2	Completed										10	Yes 2	NO No	10	l Yes	2 No
<u> </u>	an: tifica tor, p	Bec	25. Wes case referred to medical							26. Place	a of Deet	h (Check only		1		1.571	
>	Physician: this certific ral director,	To	examiner? 1 Yes 2 No	Hospital: 1	Inpetient	2 ER/C	Outpatien	t 3 DOA	Othe	DP1		me 5□Res		8 Oth	er (Specify)	
0	o Ph		27. Menner of Deeth 1 ☑Netural 5 ☐ Pending	28e. Dete	of Injury	28b.	. Time of	28c. I	njury			28d. Describe					
DIVISION OF VITAL Records,	Attending at death. ector: Attai	atic	2 Accident investig	ation	, _ 0)	. 66.7	injury			Yes 2□	No						
Š	ar da	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determine	ned 286. Place	e of Injur	y - At home, (Specify)	farm, str	aet, fectory, offi	ca			28f. Location City or To			er or Rural	Route	Number,
5	s aft of all of	Cer		00110	mig, oto.	(Opcomy)						ony or re	m, otal	٠,			
	hour uner uner aly fill		29a. Certifier 1 Certifying	Physician: To the	e best of	my knowledg	ga, death	occurred et the	e tim	e, date en	d pleca,	end due to the	ceusa(s	and me	enner es ste	eted.	(-)
	To the Hospital or Attending Physician: Tha is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	ledical	one)	xaminer: On the b	ner state	ed.	nicor inv	estigation, in it	уор	// IIO/I, U86	un occurr	en er me mue					
	To To To To To To To To To To To To To T	Σ	29b. Signetura and title of certifier	A -	7					number					d (Month, D		
			× //	- M	D			D 3	4	652)		Ma	4 3	3, 19	96	
,			30. Neme end eddress of person w	no completed cau	se of dee	oth (Item 23a)) (Type,	Print)						1			
				WELL	2	NORT	14 1	VE .	34	:6 1	1/12	MAR	LAN	17)	210	214	
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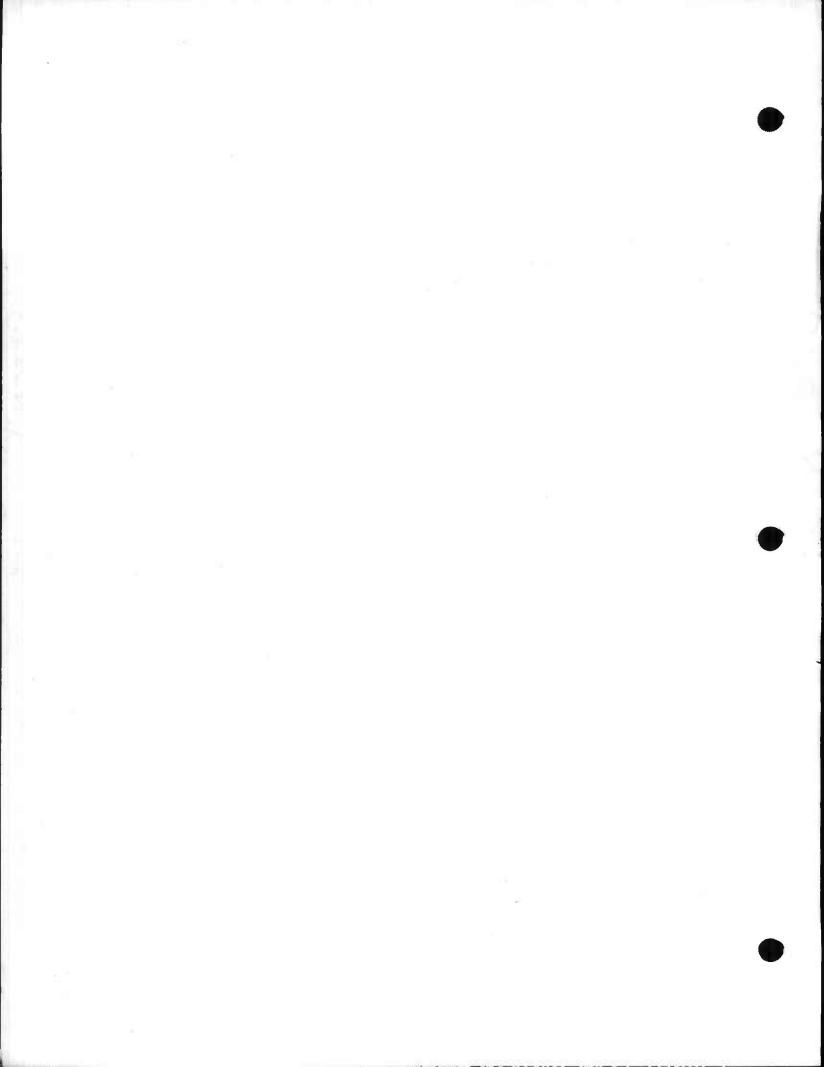
TO THE FUNETAL OR ATTENDING PHYSICIAN: The law requires that the death cettificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be first hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN						
	DECEDENT'S NAME (First, Middle, Last) ANNA	V. KOWALSKI				2. DATE OF DEATH DO DO DO		3. TIME OF DEATH 1:25P				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 M F S8 YRS. S Hours Min. Hours Min. O20408 Min. O											
TOR		98. FACILITY NAME (If not institution, give street end number) HOPKINS BAY VIEW GERATRICS 96. COUNTY OF DEATH BALTIMORE 97. COUNTY OF DEATH N/A										
DIRECTOR		0a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
FUNERAL	10a. STREET AND NUMBER 530 48TH	STREET		100	. ZIP CODE .1224		10g. CITIZEI	N OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DEC If yes, spe 1 — YES	city Cuban, Mexica	IIC ORIGIN? (Specify Yea n, Puerlo Rican, etc.) /:	or No 14	4. RACE — American Indian, Black, White, atc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 6 YEARS	JCATION s completed) Cottege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in HOMEMAKE)	done during mo stired.)	IN st of working	16b. KIND OF BUS		STRY				
ш	17. FATHER'S NAME (First, Middle, Last) MART'IN WOJTOWICZ		1101 112 1111			ME (First, Middle, Malden IE PARDRO						
TO B	19a. INFORMANT'S NAME (Type/Print) MR. RICHARD KOWAI		406 SC	HOOL ST	REET E.	HARFORD, (CONN.	06108				
	20e. METHOD OF DISPOSITION 100 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Li	noval from State	PLACE AND DATE OF COMPACT STANIS	LAUS CE	METERY D ADDRESS OF FA	5-23 BALT		y or Town, State				
9	karles K	HARRAIN	rdei)	1201 I	UNDALK A	NERAL HOME VE. BALTO.	MD.	21222				
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or As A consequence or):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
MEDICAL	PART II. Other algolificant condition	na contributing to death be	ut not resulting in t	ha underlying	cauae given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 AO				
	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL		F DEATH YES		UNCERTAIN	ND		1 125 2 1340				
PH TSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpi			1 5 - Reeldence	6 Other (Specify) 28d. DESCRIBE HOW IN	HIM COOK					
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y	RK? ES 2 NO							
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, elc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, elc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, elc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, elc. (Specify)												
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(e) end menner as stated.												
200	296. BODYATURE AND TITLE OF CERTIFIE	homoon	M.D.		29c. LICENSE NUM	781	29d. DATE SI	ilgned (Morrin, Day, Year) by 20, 1994				
	30. MAME AND ADDRESS OF PERSON WHITE TO A TO A TO A TO A TO A TO A TO A TO	32. REGISTRANS SIGNA	11.7 (100)	EAL C	ENTER	E Man	pland	SIZZY				
	MAY 2 8 199	July allowed	SP. A SA AND.A									



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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_		1				Cert	illicate of	Dealli			Reg. No.		
	Physic /Medi		Decedent's Nama (First, Middla, Las LILLIAN	MARGARET			KNIGHT			2. Data of Do Month MAY	Day 21,	Yaar 1996	3. Tima of Death 5. 00 PI
	Examin Funeral Director		4a. Facility Nama (If not Institution, give NURSING & REHABIL 5. Social Security Number 6. St 220-32-3037	ITATION CE			DEL If Under 1 Yea Months Days	GL r If Undar	EN B	URNIE 8. Data of Bi (Month, D	rth ay, Year)	NNE A 9. Birthpi Coun	RUNDEL laca (Stata or Foraign try)
	he Maryland 28a-f show	Director	10a. Stata 10b. County 10c. City, Town or Location MARYLAND N/A BALTIMORE 10a. Street and Number 10f. Zip Code										0d. Insida City Limits 1⊠ Yas 2 □ No
	d within 72 hours after death with the Maryland jiene. r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	Funeral Dire	10a. Street and Number 1101 ST. PAUL STR. 11. Marital Status	EET, SUITE 12. Was Dacedant E Armed Forcas?		13. W	10f. Zip Coda 2 as Dacedant of Yes, specify Cul	1202 Hispanic Ori	gin? (Spe	ecify Yas or N	U.S.A		an Indian,
0020	nours afte	þ	1 Nevar Married 2 Married 3 Widowed 4X Divorced	1 ☐ Yas 2 ☐ N If Yas, Giva Yaar or Datas:		1	□ Yas 201 No	Specify:			Specif	WHI:	re
121215-0020	77 100 100	Completed	15. Decedant's Ed (Specify only highast grad Elamantary/Secondary (0-12) 7 17. Fathar's Nama (First, Middla, Last)	ucetion da <i>complatad)</i> Coilega (1-4or 5 N/A		(Giva k	int's Usual Occu ind of work done O NOT usa retin CLERK	a during mosi ed)		working		Businass/Industry	
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	ges 1 and 2 should be filed to fleath and Mental Hyg ff flem 27 is marked other or other traumatic event,		19a. Informant's Name/Raiationship (7 MRS. ADRIENNE WAH			6214	EGRET I			ELAND,	FLORIDA	3380	9
Baltimore,	00-		20a. Mathod of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Specify		cema	tary, cram	ition (Nama of atory or othar plants) N MEMOR:		RK 5	Data /25/96	20c. Location GLEN BU		
Ball	pemit. Pag Department Important: It any Injury o		21. Signature of Funaral Sarvice Licens	3/16							N FUNERA GLEN BUR		E, MD. 21061
k 68760,	Certificate be executed ding physician and interest as the bunal-transit	Medical Examiner	23a. Part1. Entar the disaat or companies only of the shock, or haart failura and only of the shock, or haart failura and only of the shock, or haart failura and only of the shock of the	b	Dua to (or as a Dua to (or as a	a conseque	anca of):	ting, such as			irrast,		Approximata Interval Between Onset and Death
s, P.O. Box	law requires that the death certifi as been signed by the attending 2 should be detached for use as	by Physician/Medical	Part II. Other significant conditions co		at not rasuiting	In tha und	darlying causa g	iven in Part I			tobacco use co Yes 2□ No		the cause of death?
Vital Records,	aw requira: is been sig 2 should b	Completed t	Aorte M	Lens						24a. Was	an autopsy ormed?	cor	ara autopsy tindings aliable prior to applation of causa death?
ital Re	The ate h	Be Com	25. Was casa rafarred to medical axaminar?					28. Placa	of Death	1 Check only	Yas 2 No	10	Yas 2000No
of \	S 10 0	2	1 ☐ Yas 2 No	Hospital: 1 🗆 Inpatie	nt 2 ER/0	Outpatient	3 DOA	ther: 4DXNu	rsing Hor	ma 5□Ras	Idance 8 Ott	er (Specify)
Division o	Attending Ph if death. ector: After th by the funeral	Certification:	27. Mannar of Death 1 Natural 5 Pending 2 Accidant invastigation 3 Suicida 8 Could not be	28a. Data of Injur (Month, Day	y Year) 28b	. Tima of Injury	28c. Inju We M 1[uryat ork?]Yas 2 □		28d. Dascribe	how injury occur	red	
ivid.	F		4 Homicida datarminad	building, atc	. (Specify)					City or To	Street and Numi wn, Stata)		
/	To the Hospital o within 24 hours at To the Funeral Di completary filled in	ledical	one) 2 Medical Exami	sician: To the best o iner: On the basis of and mannar sta	axamination a	ga, daath o and/or inva	occurred at tha t stigation, in my	ima, data an opinion, daa	d piace, a	and dua to the	cause(s) and m data and place,	annar as st and dua to	ated. tha cause(s)
	To With	2	29b. Signatura and title of certiller	any 1	B			HO5	21		29d. Data signe	23	Day, Year)
_	6		30. Nama and addrass of person who co		ath (Item 23a	(Type, P	rint) 784.	MD ?	AKW 2106	rod K	May S	MITE	205
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Registrar

State of Maryland / Department of Health and Mental Hygiene

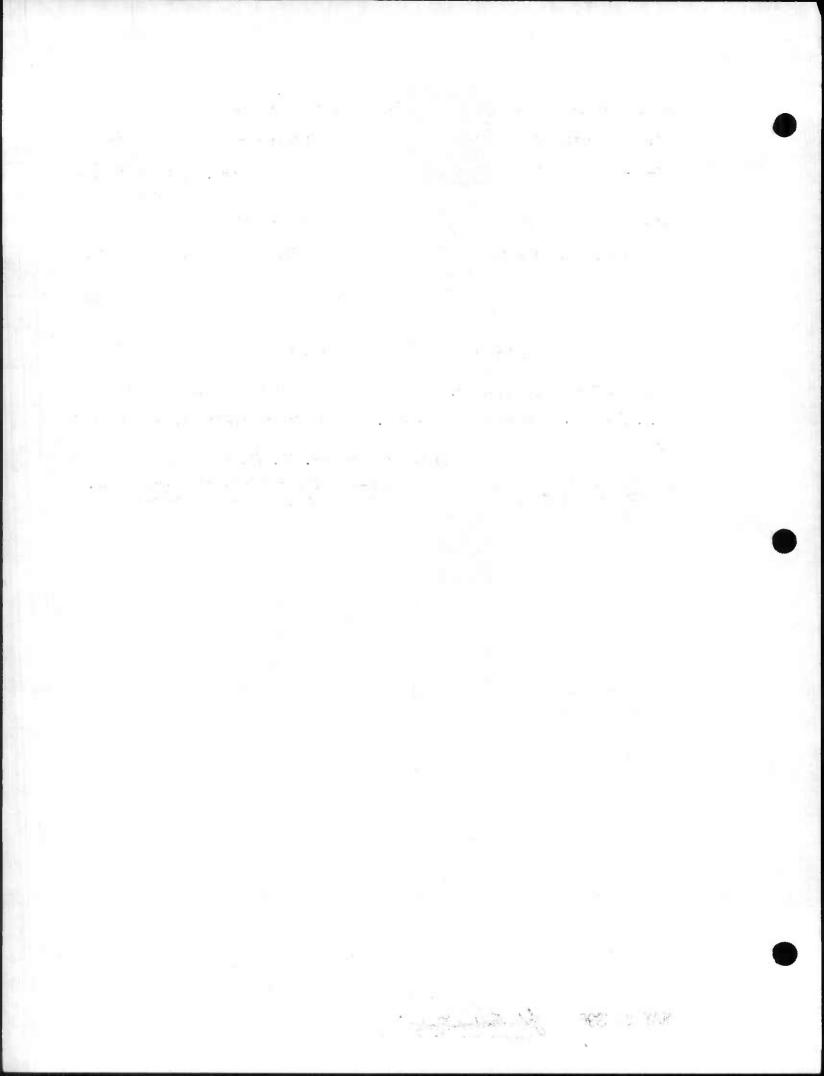
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	= ·		1. Decedant's Nama (First, Middla	, Last)						2. Data of De				3. Tima of Death	
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	_/Medi		4a. Facility Nama (If not institution		ımbar)			4h City To	wn orlo	ocation of Deat		c. County of		O. O Can	
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	5 2 5	Director	10e. Street end Number				10f. Zip Coda		1014		10g. Ci	itizen of Wha	at Country	n	
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	ter deat	Funeral	11. Maritei Status	12. Was Dec	edant Ever In U,S.	13. W	/as Decedent of H	Hispanic Or	igin? (Spe	ecify Yes or No)-	14. Race -	Amaricer	Indian,	
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2	nd 2 should be filed within lith and Mental Hygiena. 27 is marked other than r traumatic event, trail.		19a. Informant's Name/Relationsh	nlp (Type, Print)	1		Addrass (Streat								
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ore	of H		20e. Mathod of Disposition 1 DBurial 2 Cramation	2 Dameuri from	20b. Place	e of Dispos etery, crem	ition (Nama of atory or other pla	ce)	i	Date	20c. L	ocation - Cit	y or Tow	n, Stata	
Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 s Department of Health an Important: If Itam 27 is any injury or other trau		4 □ Donation 5 □ Othar (Sp				of Faith		5/2	5/96	R	ossvi	11e	Md.	
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			23a. Part1. Entar tha disaesa, or shock, or haart failura. List	the ona causa on	aach lina.	Jo not anta	r tha mode of dyli	ng, such as	cerdiac o	or raspiratory a	rrest,		li li	pproximate ntarval Batween	
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>	Physician: this certific rai director,	2	axaminar?	Hospital:	Inpatient 2 ER	/Outpatient	3 DOA Oth	100		me 5 Rasi		6 DOther /	(Specify)		
o			27. Manner of Death			b. Tima of	28c. Injur Wor			28d. Dascribe					
Division	Attending I r death. octor: After by the funer	Certification:	1 PNatural 5 ☐ Panding 2 ☐ Accident Investig		oth, Day Year)	Injury		rk? ∣Yas 2∐	No						
S	or Attencestler death Director:	Ca	3 ☐ Suicida 6 ☐ Could n	ot be	of Injury - At homa	farm stre				28f. Location (Street a	nd Number o	or Rural F	Route Number	
Š	or A effer Direct	린	4 Homicida datarmi	build	ing, atc. (Spacify)	, 101111, 3110	at, lactory, office			City or To			or rigital r	iodia ivamber,	
		0	000 00000000000000000000000000000000000												
1	ST THE	Medical	Check only 2 Medical E	xaminer; On tha b	asis of my knowled	dga, daath and/or inva	occurred at tha tir astigation, in my o	ma, data en opinion, daa	d place, a th occurr	and dua to tha ed at tha tima,	causa(s data an	 and manna d place, and 	ar as stat dua to ti	ad. ne cause(s)	
(加	8	one)	and man	nar statad.		00.11								
/	P 8		29b. Signature and little of certifier		0_	1	29c. Lieans		.,	. 1		ete signed (A		, ,	
	1		Moderno	Man.	u both	nol	allo	118	65	6	1	nay à	1.1	1996 MD21	
	0	Ť	30. Name and addrass of person w	no complated caus	sa of death (Itam 23	a) (Type, P	rint)					1	11		
	350		Richard W	arren 1	Bittrick	. , !	MD &	100 t	taut	and R	DOD	B	alto	MD21	23
	Sta	e	31. Deta filed (Month, Day, Year)	a 32, F	Registrar's Signatura	,									
	Registr		MAY 28 1996	· wear	dson-Handel	300									
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State of Maryland / Department of Health and Mental Hygiene

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						Cen	tificate of	Death		Reg. No.		
	Physic /Medi		1. Decedent's Neme (First, Middle, L	EDWAR	(D) 2	-UP	1PKI	N.JE.	2. Dete of De Month MA-Y	Dey 22	Yeer / 996	3. Time of Death
	Examii	ner	4e. Fecility Neme (If not institution, gi St. Agnes Hospi	ve street and numbe	r)			46. City, Town, or L Baltimo		4c. County	of Deeth	
	Funeral Director		217-34-5582	Sex 7. / 1□VM 2□ F	ige (In yrs. las 58	t birthdey) Yrs.	ff Under 1 Yeer Months Deys		8. Dete of Bin (Month, De Oct.	th y, Year) 2, 1937	9. Birthpl Count Mari	lece (Stete or Foreign try) Yland
	Marylend H ahow	tor	Usuel Residence of Decedent 10e. Stete 10b. County Maryland	N/A	10c. City, 1	Town or Loc		ltimore C	itu		10	0d. Inside City Limits 11 Yes 2 No
	filed within 72 hours after deeth with the Marylend Hygiene. Wher than "natural", or flems 23s or 28s-f show ent, the Medical Examinet must be notified at	Funeral Director	10e. Street end Number 114 South Clint				10f. Zip Code	21224		10g. Citizen of V United		•
020		by	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deceder Armed Forces 1 Yes 2 It Yes, Give Yeer or Detes	?] No		/as Decedent of Yes, specify Cub ☐ Yes 2 1 No	Hispenic Origin? (Spoen, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	- 14. Reco	e - America k, White, e	
21215-0020		Be Completed	15. Decedent's E (Specify only highest gr Elementary/Secondery (0-12)	ducation ede com <i>pleted)</i> College (1-40 2 Years	5+)			pation o during most of work ed) CCALIST	ing	16b. Kind of Bu	mpute	
Maryland 2	permit. Peges 1 end 2 should be filed within Department of Health and Mentel Hygiene. Important: if item 27 is marked other than moy injury or other traumatic event, the MDDS.	To Be C	17. Fether's Neme (First, Middle, Las William Edward	u Lumpkin,	Sr.				h Eliza	beth Gai	yle	
-	fealth erm 27 is the trau		19e. Intorment's Neme/Reletionship Wrs. Joyce R. 1 20a. Method of Disposition		20b. Pled	114 S	. Clinto	on Street			ylano	1 21224
3altimore,	permit. Peges 1 end. Department of Health important: If Item 27 any injury or other tr once.		1 Burial 2 Cremetion 3 4 Donetion 5 Other (Special Signature of Europa Sarvice Lice	fy)	e cem	etery, crem ney V	etory or other ple alley Mi	em. Pk.5/2	25/96	Timoni	um, N	Maryland
B	permi Depar impor any ir		Pant. Enter the disease, or con shock, or heert feilure. List only	nplications thet caus	ed the deeth.	79	22 Wise	ess of Fecility Functal t Ave. Duv Ing, such es cardiac	idalk, N	laryland	, Inc.	Approximate Intervel Between
	Physician /Medical Examiner	Examiner	Immediate Cause (Finel disease or condition resulting in death)	e	tepat Due to (or e	/C	Encep	'h Alopa 'No MA	Thy			in months
Box 68760,	h certificate be asscuted ending physician end r use as the bunal-transit	/Medical	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest			anci	NOMA	,				
P.O.	requires that the deeth c een signed by the attent hould be detached for us	by Physician	Pert II. Other significant conditions	contributing to death	but not resultii	ng in the und	derlying cause gi	iven in Pert I.		tobacco use cor Yes 2□ No	atribute to	the cause of death?
Records,	2 S S	Completed b								en autopsy ermed?	eve cor of c	ere eutopsy findings nilable prior to mpletion of cause deeth?
of Vital	iclan: The certificate rector, pag	Be	25. Wes case referred to medical examiner? 1 ☐ Yes 2 ☐ ₩0	Hospitel:			oll pos. Ot	26. Place of Deel		one)		Yes 20 No
Division of	or Attending Physical death. Director: After this in by the funeral di	Certification: To	27. Menne-ot Deeth 1 Neturel 5 Pending 2 Accident investigatic 3 Suicide 6 Could not by	A	ey Year) 28	VOutpetient Bb. Time of Injury	28c. Inju Wo	ry et ork? Yes 2 No	28d. Describe	dence 6 Oth	red	
9	To the Nozatal or Attending Phwithin 24 natural Director: After thi completely filled in by the funeral		4 Homicide determined	building, e	t ot my knowle	dge, deeth	et, tectory, office	lme, dete end pleca,	City or To	cause(s) end me	nner as st	eted.
	To the within 24 To the Fe	Medicai	one) 29b. Signeture end title of certifier	end menner s	of examinetion iteted.	end/or inve	29c. Licen	opinion, deeth occur se number		29d. Date signed	d (Month, L	Dey, Year)
			30. Name end address of person who	completed cause of			P.O	. 753 ?	_	MAY	22	1996 ore and 21229
DHI	Sta Registr MH 16 Rev 6/9	ar	S/Won M BOJSO 31. Dete filed (Month, Day, Year) MAY 28 1996	32. Regis	trer's Signeture	tospi	TAL	900 Cat	on Ave	nue Be	dhin	are and 21229



1996

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 NO

American Indian,

10g. CITIZEN OF WHAT COUNTRY?

14. RACE

8. BIRTHPLACE (State or Foreign

AM

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

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MAY 28 1996

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7. DATE OF BIRTH permit. Pages 1, 2, 3 should OR LOCATION OF DEATH DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION Imore FUNERAL 10e. STREET AND NUM 10f. ZIP CODE 202 enue funeral director, page 5 should be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIt yee, specify Cuben, Maxicen, Puerto Rican, etc.)
 \(\sum_{YES} 2 \) NO \(Specify: \) 2 Married 1 Never Merried B∀ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ndery (0-12) notified at once. 17 SATHER'S NAME (First, Middle, Last) 19b. MAILING ADDRESS 9 must be METHOD OF DISPOSITION 20b. PLACE AND Burlel 2 Cremetion 3 Removal from State Donetion 5 - Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF PACULTY the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal, medical 23. PART / Enter the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the MULTI FOCAL disease or condition LEUKOENCEPHALOPATHY recuiting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) executed Aios CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING pe CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST 0 Injury, PART ii. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL this certificate has been signed by it with the State Dept. of Health and that 23 shows any 1 YES 2 NO requires DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN The law 28. PLACE OF DEATH (Check only one, 25. WAS CASE REFERRED TO MEDICAL item HOSPITAL OTHER 1 YES 2 7 NO OTHER:
4 - Nursing Home 5 - Residence 8 Fother (Specify) #OSPITAL OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES FUNERAL DIRECTOR: After the within 72 hours after death w 2 NO BΥ Investigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined COMPLETED 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner se stated. IMPORTANT MATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 불을 alsio D 06933 R 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHN B, MACGIBBON 101 W READST SLITE 719 MO BALTIMORE 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE

relia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

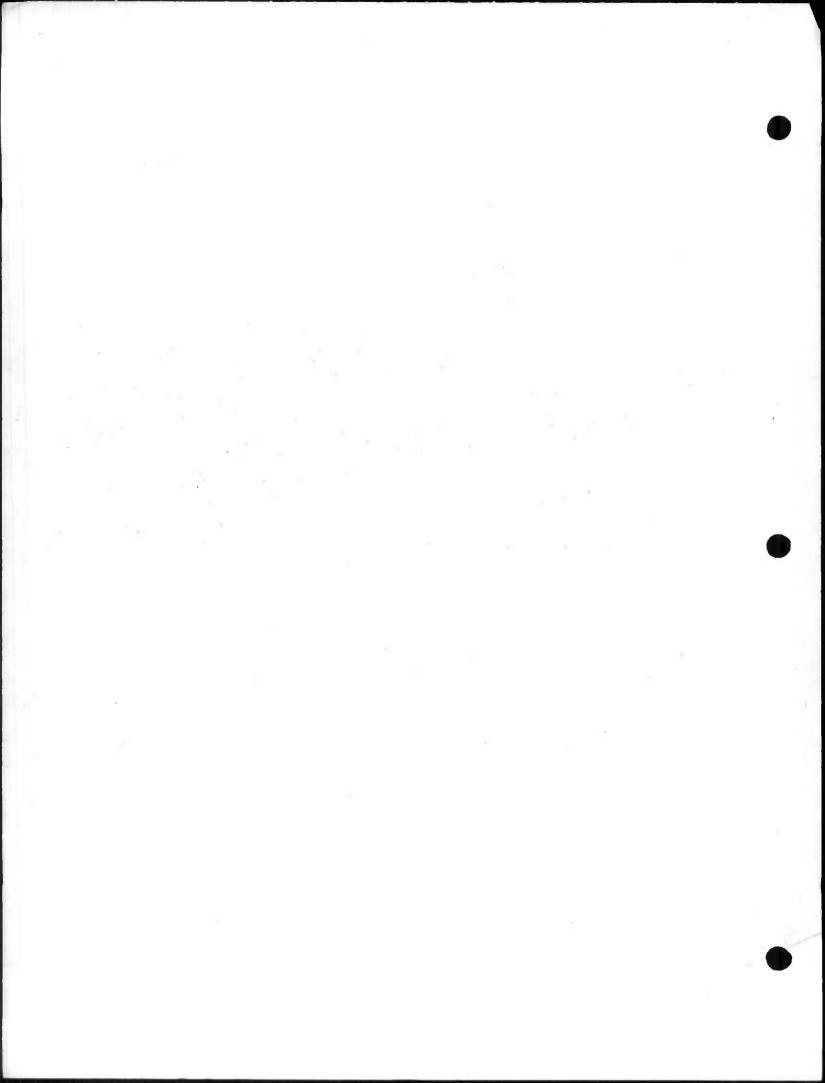
IF UNDER 24 HRS.

71150n

2. DATE OF DEATH MAY

Specify: Ba **Approximate** interval Between Onset and Death 3 MONTHS YEARS 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, 23 2120/

DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 17. PER F'.H. State of Maryland / Department of Health and Mental Hygiene . . . FILM G-735 5/28/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** HUBERT LATIMORE May 21, 8:00 am 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 447 N. Ellwood Avenue Baltimore N/A If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Months Devs Hours Min. (Month, Dey, Yea 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1**№**M 2□F 259-28-3490 73 Yrs. Jan. 9, Director 1923 Georgia Usuel Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Herns 23a or 28a-f shor 1√ Yes 2 No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 447 N. Ellwood Avenue 21224 Funeral United States 12. Wes Decedent Ever In U.S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Yeer or Detes: ARMY UNK. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. the Medical Examiner 1 Never Merried 2 Married 1 ☐ Yes 2 X No Specify: þ Specify: 3 Widowed 4 Divorced Black Completed 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) 12th Laborer General Motors permit. Pages 1 and 2 should be file.
Department of Peatin and Mental Hygis
importants if them 27 is marked
any injury or other 17. Fether's Neme (First, Middle, Last) CARNAZAR LATIMORE 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Carnelzar Latimore Bailey Orabell 19a, Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Selena Stokes 447 N. Ellwood Avenue, Baltimore, MD 21224 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 20a. Method of Disposition OCBurial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) GARRISON FORREST VA CEM. 5-24 OWINGS MILLS, MD 21. Signatura of Funeral Service Light 22. Name end Address of Fecility March Funeral Home 1101 E. North Avenue, Baltimore, MD 21202 23a. Part 1. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Mijo Caedral Infaection /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Examiner where Heart Fallers Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or es e consequença of): lupped deliber Physician/Medical e to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown Domentea þ astro aethertel 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) 1 Yes No Hospitel: Other: 4 Nursing Home Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Residence 6 Other (Specify) 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menper of Deeth 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 2 Veturel 1 ☐ Yes 2 ☐ No **A** □ Accident

Division of Vital Records, P.O. Box 68760,

attending physician and for use es the burial-transit The law requires that the death certificate be executed signed by the a d be deteched f s certificate hes t director, page 2 s Hospital or Attending Physician: 24 hours after death. Feugeral Director: After this certifice funeral To the Hosp within 24 ho To the Function

should be filled within 72 hours after death with the Maryland and Mental Hygiene.

marked other than "natural", or flems 23s or 28s-f show

altimore, Maryland 21215-0020

edical

3 ☐ Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. 29e. Certifier

29b. Signeture and title of certifier liberare Mr 29c. License number

29d. Date signed (Month, Dey, Year)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

MD 4+19 FALLS ROBALTO MD& 21

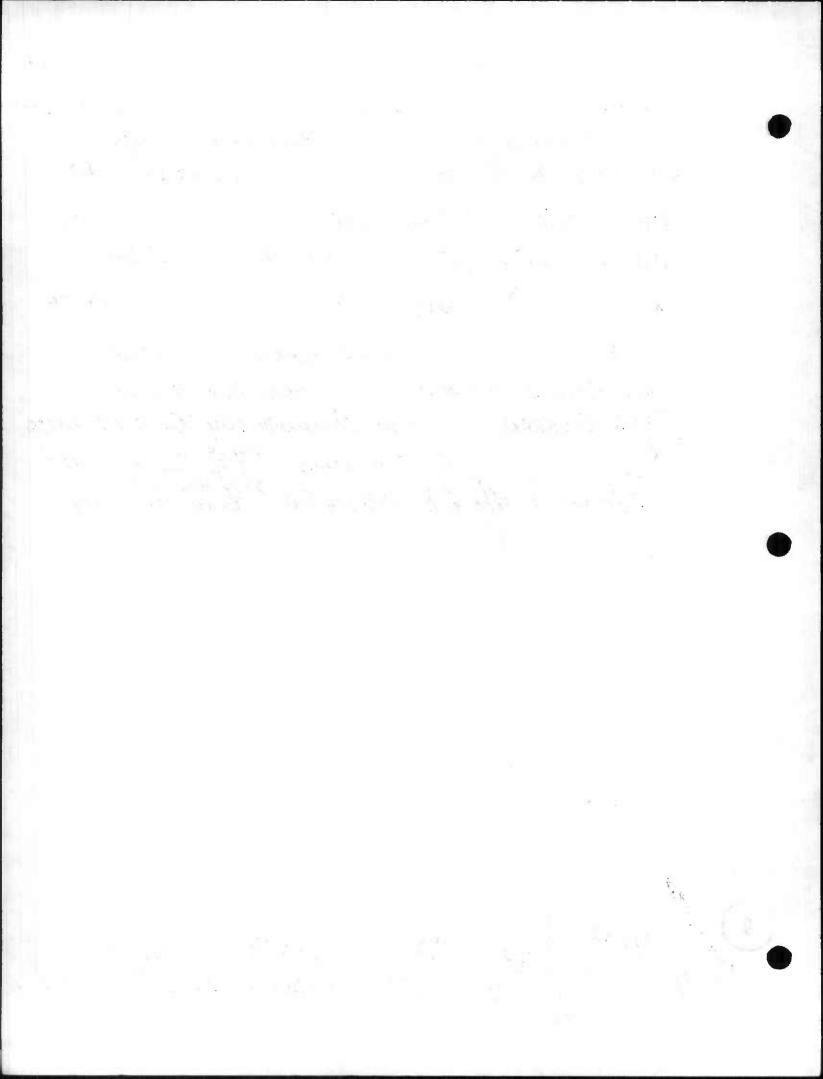
State Registrar 31. Dete filed (Month, Day Yes)

32. Pegistrar's Signeture Randall

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Yeer LORDEN DANIEL MAY 21 1996 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** A BOULDIN TIMORE 5. If Under 1 Year If Under 24 Hrs. Birthplace /State or Foreign
County) 5. Social Security Number 7. Aga (In yrs. last birthday) Days 213-05-5503 Yrs. Director Usuei Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heelth and Meniel Hygiene. Important: If item 27 is marked other than "natural" ---- any injury or other traumatic average. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MD. BACTI MORE 1 Nes 2 No Director 10e. Straat and Number 10g. Citizen of What Country? BOULDIN 1224 Funeral . Wes Decedant Evar In U,S. Armed Forces? 1 Yes 2 No If Yes, Giva Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Biack, White, etc. 11. Maritai Status 1 Navar Merried 2 Married 1□ Yes 2 No WHITE by 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working
life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) EWER 17. Fathar's Name (First, Middle, Last) Be ORDER 20 BARIHOL OMFU 19a Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Streat and Number or Rural Route Number, City or Town, Stete, Zip Code) 20b. Place of Disposition (Name of cemetery, cremetory or other blece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 □ Cremetion 3 □ F 4 □ Donation 5 □ Other (Specify) Buriai 2 Cremetion 3 Ramoval from State PANISL 23e. Pert1. Entar the disease, or complications that caused the death, shock, or heart failura. List only one cause on each line. Approximete Intervel Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in daath) /Medical Examiner Physician/Medical Examiner attending physician end for use es the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in deeth) Last Division of Vital Records, P.O. Box 68760, Dua to (or as a consequance of) signed by the a Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown þ 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: 25. Wes case raferred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Nesidence Certification: To 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 6 ☐Other (Specify) After this 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Dascribe how injury occurred 27. Mennar of Death 28b. Time of 5 Pending Investigation 1 Neturel death. 1 □ Yas 2 No 2 Accident efter deatl 6 Could not be datamined 3 Suicida 28e. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 4 Homicide here! 29a. Certifier (Check only one) Medicai 12 Certifying Physician: To the best of my knowledga, daath occurred et the tima, date end place, end due to the ceuse(s) end menner as steted. niner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year) 32 Registrer's Signetura 31. Data filed (Month, Dey, Year) State Sula Davidson MAY 28 1996

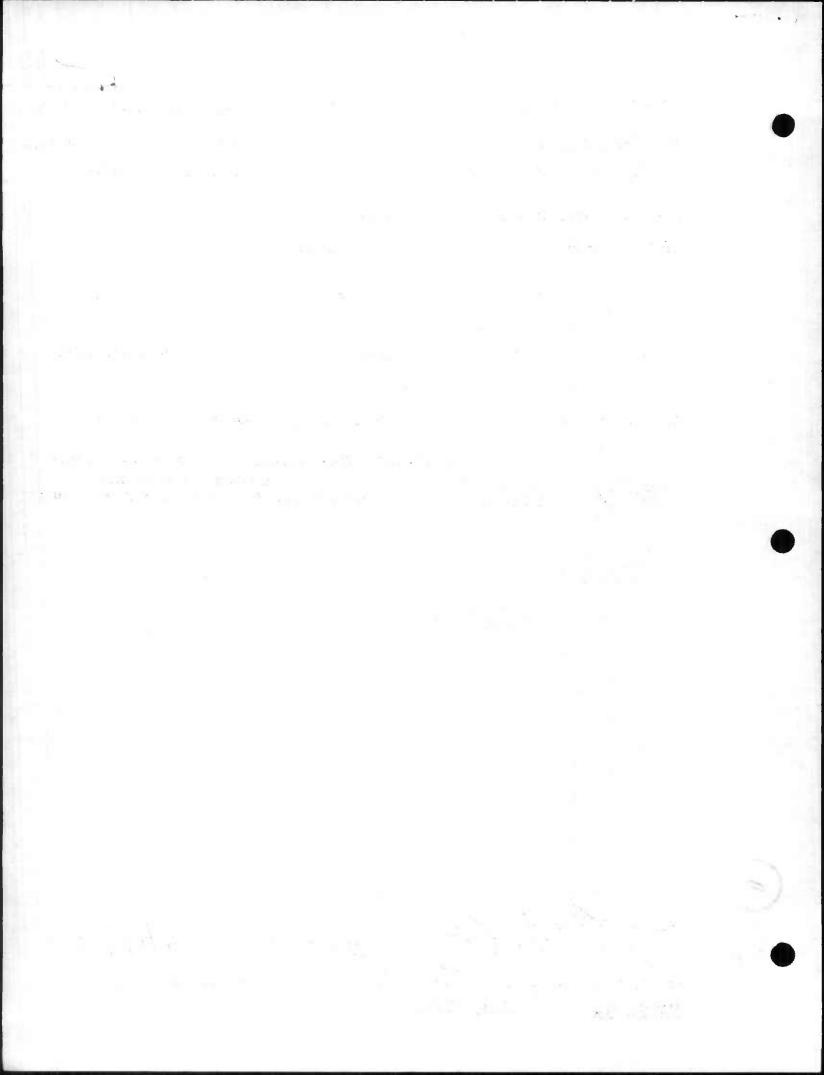
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State of Maryland / Department of Health and Mental Hygiene

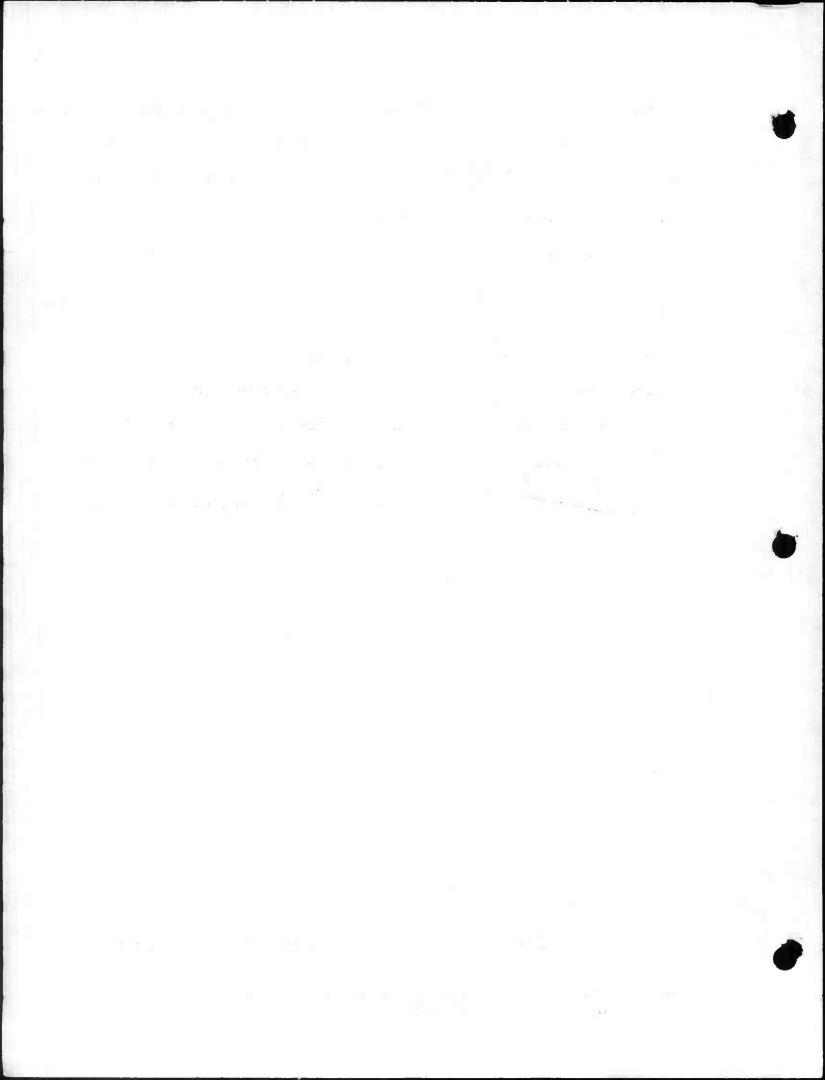
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	Physic	ian	Decedent's Neme (First, Midd Danier Thi	LI	747		2. Dete of Do Month	eeth Dey	Yeer	3. Time of Death						
1	/Medi	cal	FRANKLIN					MAY	23,	9:30 P.M						
Å	Exami	ner	4a. Facility Neme (If not Institution		umber)				4b. City, 1	own, or L	ocation of Deel					
_	-		NORTH ARUNDEL 5. Social Sacurity Number	6. Sex	7. Aga (In yrs.	lest hirthdev)	If Under	1 Yeer		EN BU	JRNIE 8. Dete of Bi	rth	-	NE ARUNDEL		
	Funeral Director		220-78-9125 Usuel Residence of Decedent	1₽M 2□F	64	Yrs.	Months		Hours	Min.	9-12-	Dete of Birth (Month, Dey, Year) 1-12-1931 9. Birthplece (State of Country) KOREA				
	Puel Maria		10a. Stata 10b. County	/	10c. Ci	ty, Town or Lo	cation							10d. Inside City Limits		
	Many	Ö	MARYLAND ANNE ARUNDEL SEVERN											1 ☐ Yas 2 ☑ No		
	r 28a	Director	10e. Street end Number				10f. Zip	Code				10g. Citizen of	What Cou	ntry?		
	h with	O E	8160 SILO ROAD					21	1144			U.S.	Α.			
	72 hours after death with the Maryland natural', or flems 23a or 28a-f show final Examiner must be notified at	Funeral	11. Maritel Stetus	12. Was Dec	cedant Evar in U	I,S. 13.	Was Deced	dent of h	Hispenic O	rigin? (Sp	ecify Yas or N Rican, atc.)	0- 14. Re	ce - Amari	can Indian,		
0	or h		1 ☐ Never Merried 2 ☑ Mai	ried 1 ☐ Yes	2 No		1 □ Yas				riivari, ato.)	Specif	75.0	REAN		
000	72 hours natural', dical Ext	d by	3 Widowed 4 Divorce	d Yaar or I	Datas:				Opcomy			Зреси	y. 100.			
5	within 72 ho lene. than "natur	Completed	15. Deceder (Specify only highe	nt's Education ast grede completed,)	16a. Dece	kind of wo	nk dona	pation during mo d)	st of work	ing	16b. Kind of B	usiness/In	dustry		
21215-0020	filed within Hygiene. ther than "r	g E	Elementery/Secondery (0-12)	College :	(1-4or 5+)				u)			TDANCDO	ነውጥአጥ	ION COMPAN		
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au	should be and Mental a marked o umatic eve	ToB	HYNN HWI			LE	Ε			UNKI	NOWN		C	HOI		
Maryland	d 2 should th end Men 7 is marke traumatic	-	19e. Informent's Name/Reletion	ship (Type, Pnint)		1		(Street	end Numb	er or Rui	al Route Numb	per, City or Town	, State, Zij	Code)		
	C = 8 -		SANG YOON LE	E		810	50 SI	LO F	ROAD,	SEVE	ERN, MA	RYLAND	2114	4		
ore	ges 1 en t of Heel If Item 2 or other		20e. Method of Disposition 1 ☒ Buriel 2 ☐ Cramation	2 Demoval from		Place of Disponentery, crea	sition (Ner netory or o	ne of thar pla	ce)		Dete 5/27/96	20c. Location	- City or To	own, Stete		
Ĕ	Pa Pa		4 Donetion 5 Other (ADOWRII	OGE M	EMOF	RIAL I		0/21/90	ELKRII	GE,	MARYLAND		
Baltimore,	permit. Pa Departmen Important: any injury	1	21. Signature of Funerel Service	Licansee	10	22	. Nama an	d Addra	ass of Facil	ity SI	NGLETON	FUNERA	L HOM	E,		
ш	2023		to Xberry	.8/	Kin	1	SECO	ND A	AVENU	E, S	.W., GL	EN BURN	IE, M	ID. 21061		
	c		23a. Pert1. Enter tha disees of shock, or heert feilure. Lis	r complications thet t only one cause on	caused the deet	th. Do not ant	er the mod	le of dyl	ng, such as	cardiec	or respiretory	errest,	- 1	Approximete Intervel Between		
7	Physician)	2	1				0	0 *		Onset and Death		
	/Medical Examiner		Immediete Ceuse (Finel disaese or condition resulting in death)	a a	ent	e 1	ay	oc	mo	les	1 mg	facul	-	nume		
	LXUIIIIICI	10	resulting in death)	0.	Due to (d	or as e consec	quenca/of):		0.	b.	1	1.00				
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	certificate be axecuted iding physician and ise as the buriel-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated evants		Due to (c	or es e consec	juence of):	01	- 9,	. /	Ro O	Q. D	en	now.		
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Ö.	ras that tha death signed by the atter I be detached for t	Physicia	Pert II. Other significant conditi	ons contributing to d	death but not res	ulting in the u	ndariying c	ausa gh	ven in Part	l.	23b. Dld	tobacco usa co	entribute t	o the cause of death		
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0	v requiras been sign should be	Completed	Shall	eurn							24e. Wes	an autopsy ormed?	av	fere autopsy findings		
စ္ခ	2 s t	nple	N											ompiation of cause deeth?		
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of Vital Record	ysician: The s certificate director, pag	Be	25. Wes case referred to medical examiner?			/		0"		e of Deet	h (Check only	one)				
0	Physician: this certific ral director,	J.	1 Yes 2 No		·	ER/Outpatier		/A		ursing Ho		idenca 6 Ott		<i>(y)</i>		
Sion	ff. After a fune	ertification:	27. Menner of Deeth 1 ☐ Naturel 5 ☐ Pendi	139	nth, Dey Year)	28b. Time of Injury	M 2	8c. Injui Wo	ryat rk? ∣Yes 2.⊑	INo	28d. Describe	how Injury occur	red			
S	ctor:	fical	2 Accident investi 3 Suicide 8 Could	not be	e of Injury - At he	ome ferm str			103 2	1140	28f. Location	Street and Num	ber or Rur	el Route Number,		
5	9 4 5	erti	4 ☐ Homicide determ		ling, etc. (Specif		oot, rootory	, onico				wn, State)	<i>yor or rian</i>	3771001077077007,		
1		aic	29a. Certifiar 1 ☐ Certifyii	ng Physician: To the	e best of my kno	wledga, death	occurred	et the tir	me, dete e	nd piece,	end due to the	ceuse(s) and m	enner es s	steted.		
-	7 6 2 5	edicai	(Check only 2 Madical	Examiner: On the b	esis of axamine	tion end/or in	astigation,	in my c	pinion, da	ath occur	red et the time,	date end place,	end due to	o tha ceuse(s)		
	To the Within To the	W	29th Signature and the of certifie	7/1	4		290	. Licans	a number	,_		29d. Data signe	d (Month,	Day, Year)		
			1///	SA)	T	0	258	3		5/2	+1	96		
	10		30. Name and address of person	who completed cau	so of dout (they	23e) (Type,	Print)					1				
	1		DR. A. S. SUBO	NG, M.D.,	206 CR	AIN HIC	HWAY	, s.	W., C	ELEN	BURNIE	, MD. 21	061			
	Sta		31. Dete filed (Month, Dey, Year) MAY 2 8 1996	19: 30	legistrer's Signe	ture										
	Registr	ar	IIIAI 60 1330	4		-										



State of Maryland / Department of Health and Mental Hygiene 96

							C	ertifica	ite of	Death			Reg. No.				
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U.		Physician Regina /Medical					Lehr	ner					May 24,1996			2	:30am
f	Exami		4e. Fecility Neme (If not institu 1109 Chesaco			ım <i>ber)</i>					own, or Lo	ocation of Dee	Deeth 4c. County of Deeth Baltimore			nore	
	Funeral Director		5. Sociel Security Number 22D808691	6. Se	9X □ M 2⊠ F		rs. last birthde	Month	er 1 Yeer s Deys	Hours Min. (Month, Day, Year) Co					9. Birthpli Count MARY	ace (Ste try) LANE	ete or Foreig
Maryland	4 show	ior	Usuel Rasidance of Decedent 10e. State 10b. Cou MD Ba	nty altir	nore	10c.	City, Town or Ras	Location sectale							10d. Inside City Limit		
with the	3a or 28a	Il Director	10e. Street end Number 1109 Chesaco	Ave	∍.			10f. 2	Cip Code	21237			10g. Citiz		en of Whet Country?		
within 72 hours efter death with the Mexicon	itel Hygiene. dother then "natural", or items 23a or 28a-f show event, tra Medical Examiner must be notified as	by Funeral	11. Meritel Stetus 1 Never Merried 2 N 3 Widowed 4 Divorce		12. Wes Dec Armed Fo 1 Tyes If Yes, Gi Yeer or D	orces? 2 X No ive	1 U,S. 1	3. Wes Dec If Yes, sp	ecify Cub	en, Mexica	n, Puerto	ecify Yes or N Rican, etc.)		14. Rece - American Indien, Bleck, White, etc. Specify: White			
d within 72 hours of	n netu Medical	Completed	15. Decec (Specify only hig Elamantary/Secondary (0-1)	hest grad	de completed)	1-4or 5+)	/Gi	cedent's Us ve kind of v b. DO NOT	vork done	during mos	st of work	ing	16b. Kin	d of Bu	siness/Ind	ustry	
N D	and Mentel Hygiene. Is marked other than aumatic event, that M		12 17. Fether's Neme (First, Midd		College (1-401 5+)			HDUS	EWIFE	er's Neme	e (First, Middle			HOME e)		
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2 0	of Heelth and Meritam 27 Is marke other traumatic		Joanne M. Var				170	O Wat	erva			al Route Numb alston			Stete, Zip (047	Code)	
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Sem i	Depart Import any in		21. Signature of Pyneral Servi	ce Licens	see)	-		Cv	ach/		ale F	uneral Baltim			2123	37	
P	hysician		23e. Pert :- Enter the disease shock, or heert failure. L	or comp ist only o	ilications that one ceuse on e	caused the de sech line.	eeth. Do not e	enter the m	ode of dy	ing, such es	cardiec	or respiretory	arrest,				mata Between nd Deeth
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axacuted	n end iel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate causa. Entar Underlying Ceuse (Disease or injury that initiated events	ſ	b	Due to	(or es e cons	sequenca o	·):				<u> </u>		1		
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Attanding Phys	After fune	ation: T	27. Menner of Death 1 ☑Natural 5 ☑ Pan	ding stigation		of Injury th, Day Year,		of	28c. inju			28d. Describe				,	
tal or Attanding		Certification:	3 ☐ Suicide 6 ☐ Cou 4 ☐ Homicide deta	d not be rmined	28e. Piace buildi	of injury - Aing, etc. (Spe	home, farm,	street, fecto	ry, offica			28f. Location City or To	(Street end wn, Steta)	Numbe	er or Rurel	Route A	lumber,
P.	Fug Fug pietgy fil	edicai	29a. Certifier 12 Certification (Check only one) 12 Certification (Check only one)	ing Ehy al Exami	nar: On the b	best of my k asis of axami ner stated.	nowladge, de nation and/or	ath occurre invastigation	d at tha ti n, in my d	me, dete en opinion, das	d place, th occurr	and dua to the ed et the time	ceuse(s) e , data end	end mei plece, a	nner as sta and dua to	ated. the caus	se(s)
Top	T on the second	Me	29b. Signature and title of certi	lier			7	2		se number 34931				signed -24	(Month, E	Эву, Үва	r)
	1		30. Nama and eddress of person								2100						
	Sta	te	Ann C. Morril 31. Dete filed (Month Pay Year MAY 28 1996		1224	unesac	o Ave	_Balt	lmore	e, Md	2123	/			-		



State of Maryland / Department of Health and Mental Hygiene

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							Certi	ficate o	f Death		Reg. No.	• •	, 0000			
	Dhysis		1. Decedent's Neme (F)	MAE	DEN			2. Dete of De Month	eth Dev	Year	3. Time of Death			
	Physic: /Medi		MARY JA	ANE	C.	MAL	DEN			MAY	26	1996	3:17 ar			
	Examir		4e. Fecility Neme (If no:		MEDICAL	CENT	ER		4b. City, Town, or TOWS	Location of Deati SON	4c. Count		eeth ALTIMORE			
	Funeral Director		5. Social Security Numb 214-44-533		IM OME	o (In yrs. les 51		If Under 1 Year Months Dey			th ly, Year) 3, 1944	9. Birthplece (State or Foreig Country) Maryland				
	pur .		Usuel Residence of De	cedent b. County		10c. City, Town or Location										
	Maryle f sho	or	1/2 5511	Baltimor	۵	-	timore	ilo.				ld. Inside Clty Limits 1 ☐ Yes 2 🖾 No				
	r 28e	Director	10e. Street and Numbe			Dur	311101 0	10f. Zip Code			10g. Citizen of	Whet Count	ry?			
	th with	al D	3106 Edge	ewood A	venue			21234	ļ		State	es .				
020	n 72 hours after death with the Maryland "natural", or flerma 23a or 28a-f show adical Examiner mark by norithed at	by Funeral	11. Meritel Stetus 1 Never Merried 3 Widowed 4	2 Merried	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☒ N If Yes, Give Yeer or Detes:	If Y	s Decedent of es, specify Cu Yes 2X N	f Hispenic Origin? (Suben, Mexican, Puerto Specify:	pecify Yes or No o Rican, etc.)		ca - America ck, White, e by: Whi	tc.				
2-0	72 ho	pete		Decedent's Edu			18e. Deceder	nt's Usual Occ	upetion	rkina	16b. Kind of E	usiness/ind	ustry			
121	ana. than "upe Mes	Completed	Elementery/Seconda 12		College (1-4or 5-	+)	Teach		e during most of wor red)	All Ig	Anahdi	00000				
Maryland 21215-0020	be filed ntal Hygi of other event, I	Be	17. Fether's Neme (Firs Stefano P	st, Middle, Last)	0		Teacii	eı	18. Mother's Ner	ne (First, Middle, D'Ange	, Malden Surnai					
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			Donald R. I	Madden/	Husband		3106	Edgew	ood Avenue	e Baltim	ore, Md	. 212	34			
Baltimore,	80000		20e. Method of Disposit 1 ☑ Buriel 2 ☐ Ci 4 ☐ Donetion 5 ☐	remetion 3 DR	emovel from Stete	cem	etery, crema	on (Name of tory or other p Fullert	on Cemetery	Dete 5/29/96	20c. Location Baltimo	-				
Balt	pemit. Page Department of Important: if any injury or		21. Signeture of Funere	el Service Licens	Brian A.	Willem			ress of Fecility Land Road Balt	eonard J. imore, Mar			me, Inc.			
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Box 68760,	cartif ding	n/Medical	thet initieted events resulting in deeth) Lest		ANEMIA,	SECC	SEASE		Y	EARS						
	for for	sician/	Pert II. Other significan	it conditions con	tributing to death bu	t not resultin	ng in the und	ertying cause	given in Pert I.	23b. Did	tobacco uae co	ontributa to	the cause of death			
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ital		BeC	25. Wes case referred t	to medical					26. Place of Dec	eth (Check only o						
of V	Physician: this cartific ral director,	2	1 ☐ Yes 2 🗷 No	H	ospitel:		VOutpetient	3LI DUA		lome 5 Resi)			
		ion		Pending	28e. Dete of trium (Month, Day	Year) 28	Bb. Time of Injury	28c. Inj W	iury et /ork? □ Yes 2 □ No	28d. Describe	how Injury occu	rred				
Division	De C	Certification:	2 Accident 3 Sulcide 6 4 Homicide	Investigation Could not be determined	28a. Plece of Inju- building, etc.	, factory, office	28f. Location (a City or Tox	Street and Num wn, State)	ber or Rural	Route Number,						
	To the Hospital or within 24 hours after To the Funeral Dirt complataly filled in	edical C	29a. Certifier 1	Certifying Phys Medical Examir	ictan: To the best of er: On the basis of end menner stet	examinetion	dga, death on end/or invas	ccurred et the tigetion, in my	time, dete end plece opinion, deeth occu	, and due to the rred et the time,	cause(s) and m date end place,	anner es sta end due to	ited. the causa(s)			
-	To the within 7 to the comple	Me	29b. Signeture and title	of cartifier Co	s. m1	9		29c. Lice	nsa number 25886		29d. Date signe	od (Month, E				
		ŀ	30. Neme and eddress of	of person who co	mpleted cause of de	eth (Item 2	3a) (Type, Pri	nt)				J				

7620 YORK ROAD

TOWSON, MARYLAND 21204

DHMH 16 Rev 6/95

State

Registrar

LILIA CEBALLOS, M.D.

31. Dete filed (Month, Day, Year)

MAY 28 1996

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ITEMS: 8. & 10f, PER F.H. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. FILM G-735 5/28/96 t.t State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last), 2. Date of Deeth 3. Time of Deeth Month Day Yaer **Physician** ontgomer 11.20 p.m perine 1996 Mai /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, pr Location of Deeth 4c. County of Death Examiner A balto Court d 8. Data of Birth If Under 1 Yaer If Under 24 Hrs.

Months Deys Hours Min. Birthpiece (State or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthdey) **Funeral** MARCH 1 □ M 2 1 F 214-40-4999 0 Yrs. ૪ Director Usuel Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show notified at Sa Ito N 1 Yes 2 No Director 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code r then "natural", or items 23a or the Medical Examiner must be r 21207 21133 U.S.A 5512 Old ct permit. Peges 1 and 2 should be filed within 72 hours after deeth v Department of Health and Mental Hyglene.

Important: If item 27 is marked other then "natural", or item—nonce. Funeral 12. Was Decedant Ever in U,S. Armed Forcas? Rece - American Indian, Bleck, White, etc. Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give 1 Yes 20 No Black þ lf Yes, Give ' Yaar or Detes: Specify: 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Public Schoo eacher Balto 18. Mother's Neme (First, Middle, Meiden Sumeme) 17 Fathar's Nama (First, Middle, Last) å tarrism No marie 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Tarrison Tucker III-nephew 12203 Greenshoot ct. Columbia, Ind 20b. Plece of Disposition (Name of cematery, crematory or other place) 20e. Method of Disposition Deta 20c_Location - City or Town, Stata 5/30/96 1 Burial 2 Cremation 3 Ramovel from Stete Md Kundu 11 storm. 4 □ Donetion 5 □ Other (Specify) Memorial 21. Signeture of Funarai Service Licensaa 22. Nama and Addrass of Facility march FH-west wabash 4300 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deett **Physician** Immediata Causa (Finel diseese or condition resulting in deeth) /Medical 20 years 10 Examiner Due to (or es e consequence of). Examiner physician and s the buriel-transit The law requires thet the deeth certificeta be executed Sequentially list conditions, if any, leeding to immadiete cause. Enter Underlying Ceuse (Diseese or injury that initiated evants resulting in death) Lest Dua to (or es e consequence of): Physician/Medicai Dua to (or es a consequance of): attending pi signed by the a Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was en eutopsy performed? Completed ebovascular accident 1 Tas 2000 1 ☐ Yes 2 ☐ No certificate 124-6 Physician: 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) 10 Hospitel: 1 | Inpatient 2 | EP/Outpatlent 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 -NO this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending 2 No 1 ☐ Yes 2 Accident investigetion 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) end manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) and manner stated. edicai 29e, Certifier To the Hos within 24 ho To the Fun completely

State

Registrar

31. Data filed (Month, Dev, Year) MAY 2 8 1996

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

29b. Signature and title of certifiar



29c. Licansa number

D20964

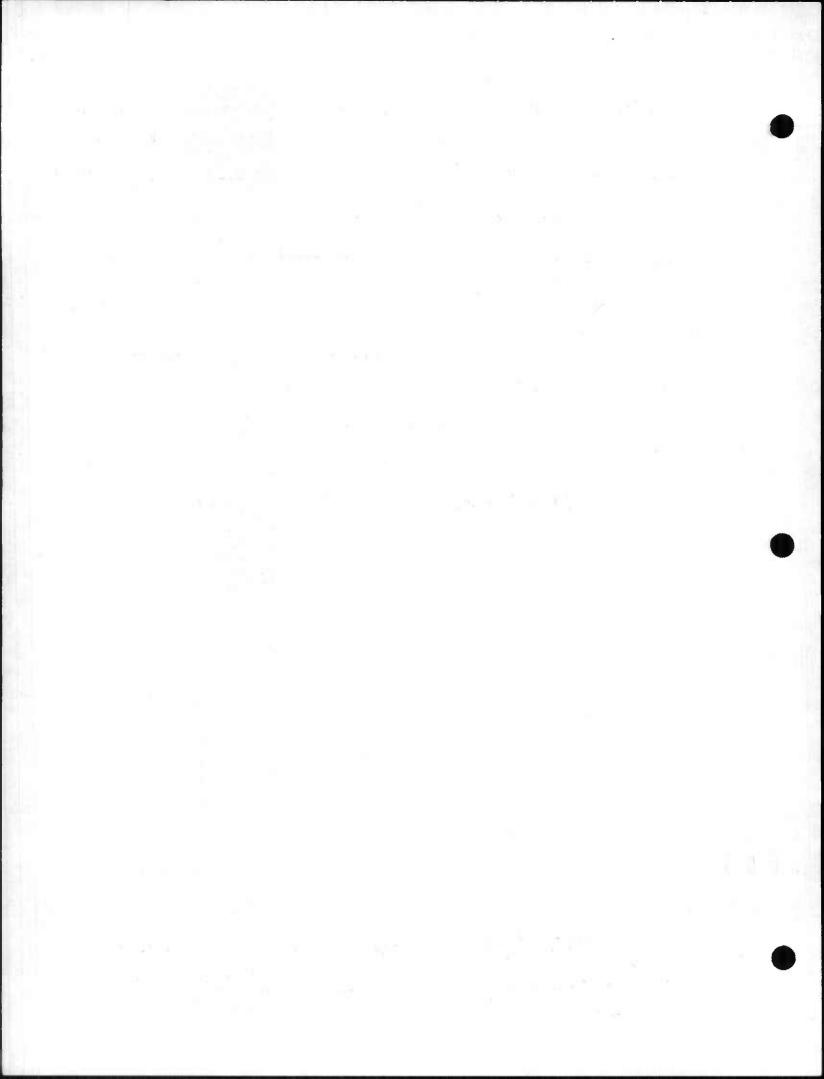
8630 Liberty Plaza Mall

Randallstown, MD

29d. Data signed (Month, Dey, Year)

5-28-96

of Vital Records, P.O. Box 68760



1,00	t.t				Certi	ficate of	Death		Reg. No.		5652			
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/Med		William V.		MOYER	Jr.			May 26			1:21 am			
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Funera Director		5. Social Security Number 212–48–2182	Sex 12⊠M 2□ F	. Aga (In yrs. 4		If Undar 1 Yaar Months Deys	if Under 24 Hrs. Hours Min.	8. Data of Bird (Month, De Sept. I	th y, Yeer) .7,1948	9. Birthplace Country) Maryla	(Stete or Foreign			
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ene. than "naturel", or items 23a or 28a-f show he Medical Examiner must be notified at	tor	1111. 7.2.1	litmore	100.01	y, Town of Local		dle Rive	.		10d. Inside City Limits 1 ☐ Yes 2X No				
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al Direct ed in by	Certification:	3 ☐ Suicide 6 ☐ Could not determine	288. Pieca o	f Injury - At ho g, etc. (Specify	me, ferm, street,	, fectory, office		28f. Location (S City or Tox	Street end Numb vn, Stete)	per or Rural Ro	ute Number,			
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To the Fu		•	10h	D.O.		Н35	5593		MAY 2	8, 199	96			
OC To the Pu		30. Name and address of person who	rumpleted cause	of deeth (Item		nt)	BALTIMO	DE MA						

on a might be provided in the control of the contro ER OF R - PERSON SERVED - PRESENTED - PRES KR2 as the result of the control of

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** May Month 26 MAGGIE BEATRICE MOORE 1996 420-m /Medical 4e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Yaar) Min. May 31,1915 N. 3905 COLBORNE ROAD 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1 M 2 XF 241-34-4322 80 Yrs. Director Carolina Usuel Residence of Decedent the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at MD 1 Tras 2 □ No Director N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3905 Colborne Road 21229 USA filed within 72 hours after deeth Hyglena. Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 D No If Yas, Give Yaer or Datas: 14. Race - Amarican Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or Notif Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Navar Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: þ Specify: Black. 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry College (1-4or 5+) N/A Elementery/Secondery (0-12) N/A N/A 11th permit. Pages 1 end 2 should be file Department of Heelth end Mentel Hyr Important: If frem 27 is marked othe any injury or other traumatic event, once. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Melden Sumeme) Be William McDougould Maggie McDougould 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 142 S. Kossuth Street, Balto., MD. 21229 Calvin Wilson/son-in-law 20b. Place of Disposition (Name of cametery, cremetory or other piece)

Mt. Zion Cemetery 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Crametion 3 ☐ Removel from Stete 6/1/96 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Lig 22. Name and Address of Fecility LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE, BALTO.21207 e, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, List only one cause object line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examine physician and s the burial-transit Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest Due to (or es e consequença of): on of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of) 65 attending for use as Pert II. Other atgnificant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings eveileble prior to complation of causa of deeth? Completed 24e. Wes en eutopsy performed? peeu has 1 Yes 2 No 1 ☐ Yas 2 No certificate 9 Physician: 25. Wes case referred to medical Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Pasidence 8 Other (Specify) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Certification: To this 28d. Describe how Injury occurred 27. Mennar of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? Alber 1 Neturel 2 Accident 5 Pending 1 Yes 2 No investigation 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, streat, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide

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> State Registrar

Medical

29a. Certifier

(Check only one)

29b. Signeture end title of cart

30. Name end eddress of person

TARMOCHONDRY 31. Date filed (Month, Day, Year)

MAY 28 199

32. Registrar's Signeture

completed cause of deeth (Item 23e) (Type, Print)

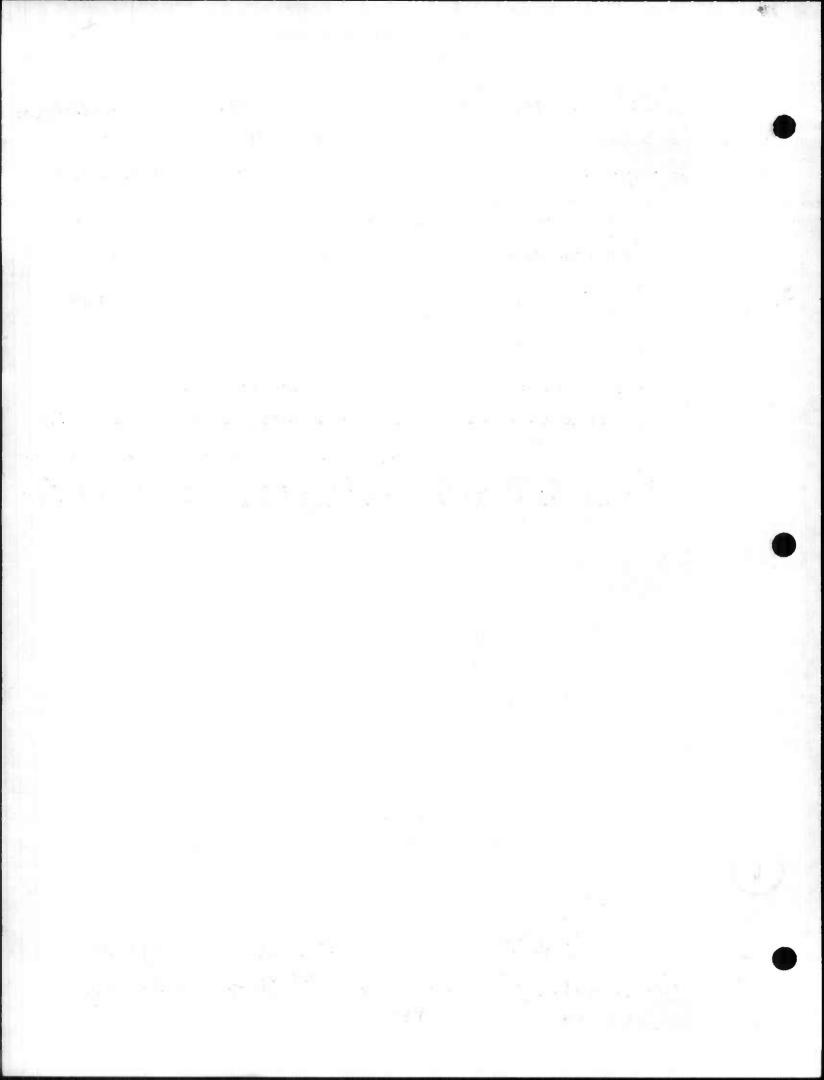
15 Sertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner as stated.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) and mannar steted.

29c. License number

Daoais

190 W. NOETHERN PARKWAY

29d. Data signed (Month, Day, Year)

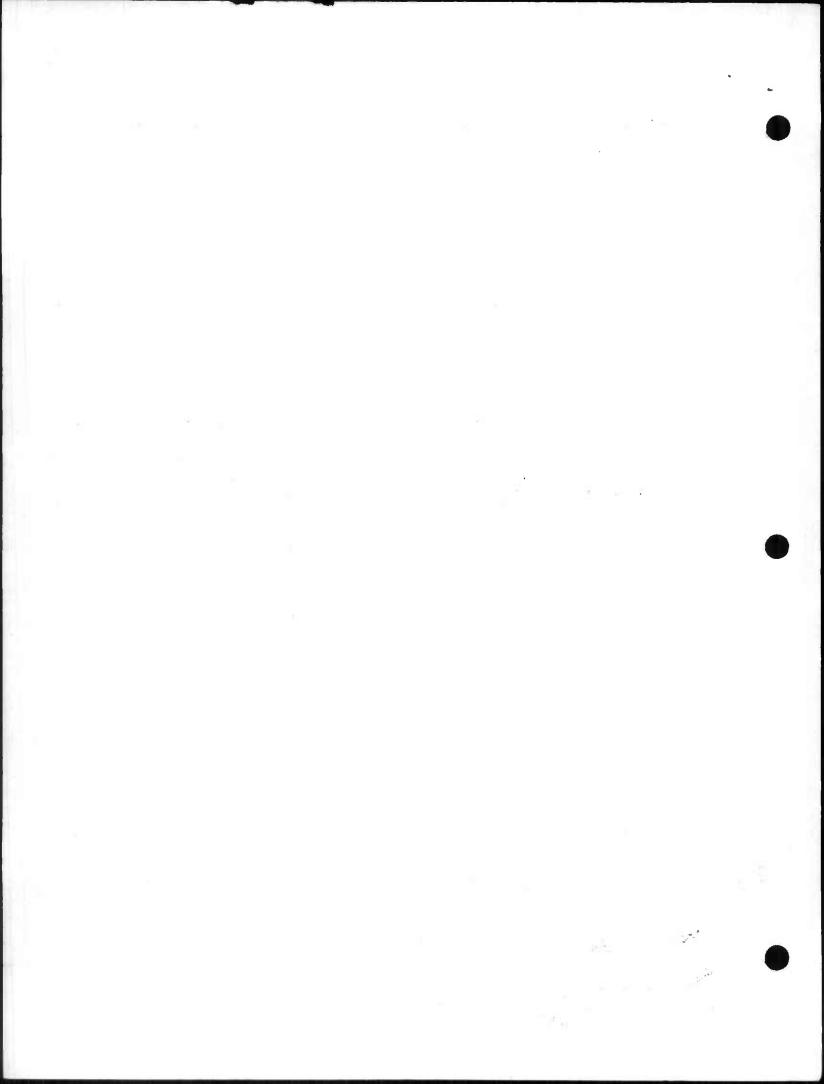


State of Maryland / Department of Health and Mental Hygiene

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Physician (Medical Examiner) 25a. Pert. Enter the disease, or complications that cause diseases. It is not one cause or easily one cause or easil	permit. Departm Imports any inju		21. Signeture of Funerel Service Lice	ensaa // 5	11	22. Na	ma and Addre	ess of Facility	SIM				
Physician / Medical Examiner Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	_	-	22a Ports Enter the discours or our	Total and the state of the stat	frai							ב עור	
The part it. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. Part it. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. Part it. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. Part it. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. Part it. Other algnificant conditions contributing to the cause of death?	pe ji		resulting in daeth)	Dua to (or es e consequence of): b. COSZONARY HEART DISEASE									
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24a. Was an eutopsy performed? 24b. Ware autopsy findings evallable prior to completion of cause of death? 1 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No 2 Yes 2 No		hys			_		Aud canse du	ven in Pen I.					
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25. Was case referred to medical examiner? 1 Yas 20 No 26. Piece of Death (Check only one) 27. Menner of Death 1 Notural 28. Piece of Death (Check only one) 28. Piece of Death (Check only one) 28. Describe how injury occurred 28. Describe how injury occurred	w requires been sign should be	leted b								24a. Was perfo	en eutopsy rmed?	eva	allable prior to inpletion of cause
28. Plece of Death (Check only one) 27. Menner of Death 1	a has	E								40.			
1 Yas 2 Wo	fication, pe		25 Was asso referred to medical									1	Tes 2UNO
1 1 1 1 1 1 1 1 1 1		B	examiner?	Hospitel:			_ Ott	hor:					
1 Netural 2 Accident 3 Suicide 4 Homicide See. Place of thijury - At home, farm, street, tectory, office 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)	4 4 2						LI DOA	4 LI NUI					′)
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29e. Certifier (c/heck only one) 29e. Certifier (c/heck only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) and menner es steled. (c/heck only one) 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and menner es steled. (c/heck only one) 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and menner es steled. (c/heck only one) 1 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and menner es steled. (c/heck only one) 1 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and menner es steled. (c/heck only one) 1 Medical Examiner: On the basis of examiner: On the basis	25.5	E	4 Homicide determined	building, etc.	(Specify)	iiii, street,	ectory, onice		20			er or nural	nouta ivumber,
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State 31. Deterflied (Month, Dey, Year) 2 32 Aggistrars Giornature		-	30. Neme end edoress of person who	complated cause of dea	th (item 23a) (Type Print	١	011	(illy	X	. 110
	0		1 M. M.	WX . 30) H	301	AL	DAIN	/E. 1	GAN	Ruser	15. W	19012 CM
	Sta	te	31. Dete filed (Month, Dev. Year) MAY 2 8 1996	32 Registrar	Cignature	-	-			1,5-	pe		

THE FUNCENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be considered for use as the bunal-transit permit. Pages 1, 2, 3 should be considered for use as the bunal-transit permit. Pages 1, 2, 3 should be considered for use as the bunal-transit permit. Pages 1, 2, 3 should be considered as the considered for use as the bunal-transit permit. Pages 1, 2, 3 should be considered for use as the bunal-transit permit. Pages 1, 2, 3 should be considered for use as the bunal-transit permit. Pages 1, 2, 3 should be considered for use as the bunal-transit permit. Pages 1, 2, 3 should be considered for use as the bunal-transit permit. Pages 1, 2, 3 should be considered for use as the bunal-transit permit. Pages 1, 2, 3 should be considered for the bunal-transit permit and mental hydrone providered for the page 5 should be considered for the bunal-transit permit and the page 5 should be page 5 should be considered for the page 5 should be page 5. The page 5 should be page 5 should be page 5 should be page 5. The page 5 should be page 5 should be page 5. The page 5 should be page 5 should be page 5. The page 5 should be page 5 should be page 5. The page 5 should be page 5

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	Mc Cammo	24/			2. DATE OF DEATH MONTH DATE MAY 25	1996	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGE (In yrs.	last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT OF BIRTH (Morlth, Day, Year)	6. 8	BIRTHPLACE (State or Foreign country)	
		M 2 □ F 80) YRS.	ONTHS DAYS	HOURS MIN.	Feb.01,19	16	Maryland	
NG.	9a. FACILITY NAME (If not institution, give street at Meridian Nursing Ho		9		R LOCATION OF DE NSVIlle	ATH	9c. COUNTY	of DEATH timore	
<u>ا</u> ظ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		I the CITY :	TOWN OR LOCATI			Duz	10d. INSIDE CITY	
- DIRECTOR	Maryland Balti	more	100. 0171,	Cato	nsville			LIMITS? 1 YES 2 NO	
RA	100. STREET AND NUMBER 2 Bristol Hill Cour	t Apt. 1-	-Δ	101.	2122	8		S.A.	
FUNERAL	11. MARITAL STATUS 12. V	WAS DECEDENT EVER IN U.S.	ARMED		ENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No.— 14.	RACE — American Indian.	
ВУ F		FORCES? 1 X YES 2 F YES, GIVE WAR OR DATES	NO		cify Cuban, Maxical 2 X NO Specify	n, Puerto Rican, etc.)	1	Black, White, etc. Specify: White	
	15. DECEDENT'S EDUCATION	W W II		BUAL OCCUPATIO		16b. KIND OF BUS	SINESS/INDUST		
COMPLETED		llege (1-4 or 5 +)	life. Do NOT use i		st of working				
MP	12	F	Fire Man	rshall			E. Sea	agram	
	17. FATHER'S NAME (First, Middle, Last) Henry McCammon					ME (First, Middle, Meiden Willhauch			
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street ar	-	Route Number, City or Tow		ie)	
5	Margaret McCammon (Spouse)	2 Bris	tol Hill	l Court	Catonsvill	e,Mary	land 21228	
	28a. METHOD OF DISPOSITION 1 Derivation 2X Cremetton 3 Removal for	rom Stata cemetery,	cremetory or othe	DISPOSITION (Nat		1	CATION — City		
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE		co Crema	22. NAME AN	ay 29,19	CILITY		le,Maryland	
	Kungeeen) Lake				l Homes, In			
	23. PART I. Enter the diseasea, or complete	licetions that caused the	deeth. Do not	1630]	Edmondsol de of dving, suci	n Avenue C	atonsv.	ille, Maryland	
	shock, or heart failure. List of iMMEDIATE CAUSE (Finsi	only one cause on each i	line.				and y arrost,	Interval Between Onset and Death	
	disesse or condition resulting in death)	PULMON	IARY	EMI	BOLUS			124h	
_		STIZOL	ISEQUENCE OF):					ilubs	
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate	DUE TO (OR AS A CON	SEQUENCE OF):					110023	
-ICA	CAUSE (Disease or injury	TY DERTENS	STUC C	MEDIO	VASCUL	AR DISE	ASE	YEARS.	
H	that initisted events resulting in death) LAST	1222 10 (0), 100 11 001	or or or or or or or or or or or or or o					•	
	PART II. Other significant conditions cor	ntributing to death but n	ot resulting in	the underlying	Cause given in	Part j. 24a. WAS AN	AUTORSY	24b. WERE AUTOPSY FINDINGS	
CAL	The state of the s	mounting to doubt but in	or resulting m	the underlying	Cause given in	PERFOR	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						t TYES 2	MO	OF DEATH?	
	DID TOBACCO USE CONTRIBU	ITE TO CAUSE OF D	EATH YES	□ NO 🗵	UNCERTAIN	v 🗆		7	
PHYSICIAN:		SPITAL:	LACE OF DEATH	(Check only one)					
HYS	1 YES 2 NO 1 1	Inpatient 2 ER/Outpatient 28e. DATE OF INJURY		Nursing Home		6 Other (Specify) 26d. DESCRIBE HOW t	N HIRV ACCURE	20	
	1 Natural 5 Pending	(Month, Day, Yeer)) INJUR	YY WO	RK?	200. DESCRIBE NOW I	NJOH! OCCOME		
TED BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, atro	eat, factory, office	,	281. LOCATION (Street (City or Town, State)		lural Route Number,	
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my knowledge	, death occurred	at the time, date	and place, and due	to the cause(a) and mai	nner as stated.		
NO	one) 2 MEDICAL EXAMINER: On	the basis of examination and	/or investigation,	In my opinion, de	eath occured at the	time, date and place, an	d due to the ce	use(a) and manner as stated.	
뀖	29b. SIGNATURE AND TITLE OF CERTIFIER	Marks			29c. LICENSE NUN		≥ M /	TY 26 1996	
2	30. NAME AND ADDRESS OF PERSON WHO COI	ARKS L	KAXX	NORTH			511.1	10 21045	
	31. DATE FILED (Month, Day, Year) MAY 9 8 1006	32. REGISTRAR'S SIGNATUR							



State of Maryland / Department of Health and Mental Hygiene 96

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							Ce	rtificate d	of Dea	th		Reg. No.				
	SEVI R		1. Decedent's Neme (First,	Middle, L	ist)						2. Dete of De	eth				
	Physic /Modi		John				May	Dey 22 1	996	3:00 AM						
	/Medi Examii		4e. Fecility Neme (If not ins	titution, gir	Miller,				4b. City	, Town, or L	ocation of Deat			1929		
			9050 Early	y Apr	il Way				columb	ia	Но	ward				
	Funeral Director		5. Social Sacurity Number 061–18–8904		Sex 1X0 M 2□ F		s. lest birthdey)	If Undar 1 Ye Months De		der 24 Hrs. rs Min.	8. Dete of Bir (Month, Da Jan. 23	th ly, Year) 3. 1920	9. Birthp Cour	olaca (Steta or Foreign ntry) NY		
			Usual Residence of Deced	ent								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	how		10e. State 10b. 0	_			City, Town or Lo					10d. Inside City Limits				
	e Ma	cto	MD Ho	ward			Columbi	a				1 ☐ Yes 2X N				
	ith th	Dire	10e. Street and Number				10f. Zip Coo		10g. Citizen of	Whet Cour	ntry?					
	ath w	a	9050 Early	y Apr				2104				USA				
20	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mentel Hyglene. Important: if item 23 a or 28a-f show mithortant: if item 27 is marked other than "natural; or itema 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at 2008.	by Funeral Director	11. Marital Status 1 □ Navar Marriad 2 □ 3 □ Widowed 4 □ Div	-	12. Was Daced Armed Ford 1 X Yes if Yas, Give	ces? 2 □ No		Was Dacedant If Yes, specify 0 1 ☐ Yes 2 💢	Cuben, Mex	ican, Puerto	pecify Yes or No Rican, etc.)	Bie	14. Reca - American Indien, Bieck, White, etc. Specify: White			
9	turai	B	101 07 -	cedent's E		185. 200 1		dent's Usuel Oc	cupation			16b. Kind of B				
21215-0020	nin 72	Completed		highast gr	eda completed)	don E. \	(Giva	kind of work do DO NOT use re	ona during i	nost of work	king					
21	d within glene. r than	EO	12	-12)	Coilege (1- None	40r 5+)	Pla	nt Fore	man			Plasti	c Con	npany		
	other vent.	Be C	17. Fethar's Nama (First, M	iddle, Lasi	')				18. M	other's Nem	e (First, Middle,	Malden Sumer	ne)			
/lai	Vented by the state of the stat	To	Wilson P.	Mill	er				H	lazel	Kipp					
Maryland	2 should be to end Mentel be is marked of raumatic ever		19e. Informent's Neme/Rei		Type, Print)						rei Route Numb		, Stete, Zip	Code)		
	1 end 2 Health em 27 i		Mildred Mil	ler	(Wife)					Way,	Columbi	a, MD	21046	5		
ore	of He		20e. Mathod of Disposition 1 ☐ Buriai 2 XCrem	etion 3 F	Removal from S		Pieca of Dispo camatary, crei	sition (Neme o matory or othar	f pleca)	May	Dete	20c. Location	- City or To	own, Stete		
Ë	Pages ment of I ant: If ite ury or of		4 Donetion 5 Ot			Me	etro Cr	ematory	,	23,	1996	Catonsv	ille,	MD		
Baltimore,	permit. Page Department (Important: If any injury or once.		21. Signatura of Funarel Sa	rvica Lice	nsaa			2. Nama and Ac			es, Inc					
ш	205 20		Robert	She	gon 7	Breker					d. Colu		D 21	1045		
			23a. Pert1. Entar tha disee shock, or heert feilure	se, or com	plications thet ca	usad the dec	eth. Do not en	er the mode of	dying, such	es cardiec	or respiretory e	rrest,		Approximete Intervel Between		
	Physician /Medical		Immediate Cause (Finel disease or condition		RISOL	RATIO	RY F.	AIIIIR	_					Onset end Deeth		
в	Examiner		resulting in deeth)		· RESPI	Due to	(or as a conse	quenca of):			-0					
	D #	ne		_	CHRO	NIC	ORSTR	UCTIL	IE P	UI Mi	ONAR	Y DICE	AL	YEARS		
	as that the deeth certificete be executed igned by the ettending physician and be detached for use as the buriet-transit	Examiner	Sequentially list conditions		D	Dua to	(or as a consec	quance of):				7 0.00				
30,	se exe	<u> </u>	Sequentially list conditions if eny, leeding to Immadiate cause. Enter Underlying Cause (Diseese or Injury that Initieted events	' J	C											
68760,	ohysk tha b	edical	thet initieted events resulting in deeth) Lest	7	0.	Due to (or es a consec	juenca of):								
9 ×	entific ding p	2		L	d											
Box	etten for us	by Physician/											i			
o	be dr the ched	ysic	Part II. Other significant co	nditions o	contributing to dea	ith but not re	sulting in tha u	ndarlying cause	given In P	ert I.	23b. Did		ontribute t	o the cause of death?		
, P.O	that the ded by deta	y Ph	PROSTATE	CAN	JCER.	SU	PRAVE	NTRI	CUL	AR	3/25	¥es 2□ No	3 ☐ Pro	bably 4 Unknown		
ds	requiras that the deeth certificete be execut een signed by the ettending physician and hould be detached for use as the buriel-fran	q p			,						24e. Wes	en autopsy		ere autopsy findings		
Records,		Completed	TACHYCAR	DIA	CON	GEST	IVE	HEART	FA	ILUR	E perfo	ormed?	CC	vailable prior to ompletion of cause deeth?		
Re	sician: The lew certificate hes b lirector, pege 2 s	mo									10	Yas Mo	1	□ Yas 2 No		
Vital	an: T tifical tor, p	Be C	25. Was case referred to m	edicai					26. P	laca of Dee	th (Check only o					
>	Physician: this certific	ToE	examiner?		Hospitei: 1 🗆 In	patient 2[☐ ER/Outpetie	nt 3□ DOA	Other:		ome 5 sesi		ner (Specil	fy)		
οι	lending Physician: The isoluth. cor: After this certificate he the funeral director, pege		27. Mannar of Death		28a. Dete of	Injury Dey Year)	28b. Time o	f 28c. I	injury et Work?		_	how injury occu		•		
0	Attending or death. ector: After by the fune	atic	2 ☐ Accident is	ending nvestigatio	n	120, 100,	,,		1 ☐ Yes 2	2 □ No	-					
Division	i or Attending I efter death. Director: After d in by the funer	Certification:		Couid not be letermined	286. Pieca (of injury - At I g, etc. (Spec	homa, farm, str	eet, factory, off	ice		28f. Location (City or To		ber or Run	al Route Number,		
	To the Hospital or Att whin 24 hours effer of To the Funeral Direct completaly filled in by	edical C	29e. Certifier (Check only one) 29 Medicat Examiner: On the best of my knowledge, deeth occurred et the end menner stated.							end pieca, deeth occur	end due to the red at the time,	cause(s) end m date end place,	enner es s and due t	steted. o the cause(s)		
10 T	o the	Me								29c. License number				Day, Year)		
7	12		D3						D36845 May 22, 190 = 200-E, GLUMBIA, 402				996			
ζ,			30. Neme and eddress of p	rson who	pempieted cause	of death (ite	em 23e) (Type	Print)				- Tay	-)-			
			30. Neme and eddress of p MAI-CHI N 5000 HAR	PED	EN	2 0	D C	LITE S	200-	= /	SLUA	INA	MA	21044		
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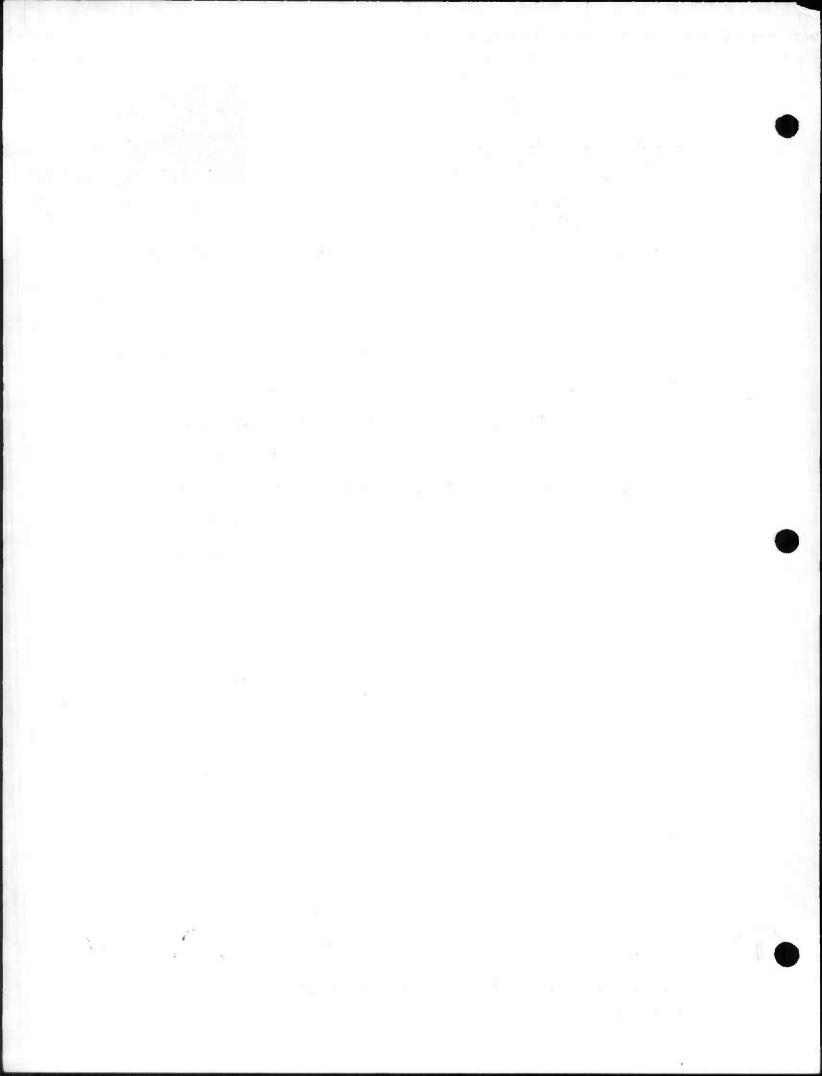
DHMH 16 Rev 6/95

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					Certi	ificate of	Death		Re	g. No.		
Street.		1. Decedent's Name (First, Middle, La	ist)						ate of Death		Vaar	3. Time of Death
Physic /Med		Pearl Marie	Michae	els				1	Month 3 V	24 1	996	10:40 A
Exami		4a. Facility Name (If not institution, give	e street end number)				4b. City, To	wn, or Locatio		4c. County		
		Greater Balti	more Medi	ical C	ente	er	N/A			Bal	timo	re
Funeral	П	5. Sociel Security Number 6. S	Sex 7. Age	e (In yrs. lest bi	irthdey)	If Under 1 Yeer	If Under	24 Hrs. 8. D	ate of Birth			place (Stete or Foreign
Director		208-22-9502	1□M 2ÅDF	68	Yrs.	Months Days	Hours	Min. (/	a 22	1927	Peni	nsylvania
D		Usuei Residence of Decedent							9 22,	1221	1 0111	ns y i vanit
how I		10e. State 10b. County		10c. City, Tov	wn or Loca	tion					1	0d. Inside City Limits
W S	Sp	Md Balti	more	N/A					10			
# % # #	Director	10e. Street and Number				10f. Zip Code			10	g. Citizen of 1	What Coun	ntry?
h wii		6713 Pine Ave				212	222			USA		
d within 72 hours effer death with the Meryland jiene. r than "netural", or flems 23s or 28s-f show fre Modical Examiner must be notified at	Funeral	11. Marital Stetus	12. Wes Decedent B	Ever in U,S.	13. Wa	s Decedent of I	lispenic Ori	igin? (Specify	res or No-		e - Americ	
offer Nr he		1 ☐ Never Married 2 ☐ Merried	Armed Forces?	ło					1, etc.)		ck, White,	
Eva	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		11	Yes 2X No	Specify:			Specify	w: Wh	ite
72 ho	Completed	15. Decedent's Ed (Specify only highest gra	ducation	168	. Deceder	nt's Usuai Occup nd of work done NOT use retire	petion	a of searching	10	6b. Kind of B	usiness/Inc	dustry
C 0	pie	Elementary/Secondary (0-12)	Coilege (1-4or 5	+)	life. DC	NOT use retire	during mos d)	t or working				
filed within Hygiene. other than	0	12			Hous	ewife				Own	Home	
m = 0 Z	Be	17. Fether's Name (First, Middle, Last,)				16. Mothe	er's Name (Fire	st, Middle, Me	eiden Sumen	ne)	
	To	Bennie Rager					Kat	hryn I	Mille	r		
AS DE LE		19e. Informant's Neme/Reletionship (Type, Print)	19	b. Mailing	Address (Street	1				State, Zip	Code)
1 and 2 Health e		Raymond Michae	els /husk	pand	6713	Pine	Ave	Balt:	imore	, Md	2122	2
of Healt filem 27 v other		20a. Method of Disposition		20b. Place	of Disposit	ion (Neme of		De		Oc. Location -		
ont o		1 Donation 5 Other (Specif		Holl		tory or other ple	ice)	5/28	196	Balti	more	БМ
ortan		21. Signeture of Funerel Service Licer		11011	-	lame end Addre	ass of Facilit		, , ,	Daiti	MOLE	, Mu
permit. Peges 1 Department of H Important: If the any Injury or ott		VI-A	11/	00	C	onnell	.y Fu	neral				lk
	Щ	Monthony Co	et Conn	lly				s Poir		212	22	
		23a. Part1. Enter the disease, or com shock, or heert fail List only	plicetions that caused one cause on each lin	the deth.	not enter	the mode of dyi	ng, such as	cardiac or res	piratory arres	st,	1	Approximate Interval Between
Physician		~									ĺ	Onset end Deeth
/Medical Examiner		Immediate Cause (Final disease or condition	Cardio	respi	rato	ry arr	est				i	minute
LAGITITIE	L	resulting in deeth)		Due to (or es e	conseque	ence of):						
be it	Examiner		CVA								į	2 days
and tran	саш	Sequentially list conditions,	0.	Due to (or es a	conseque	nca of):			-			
se ex		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	Cerebr	cal at	hero	sclero	sis				8	
certificate be executed ding physician and ise as the buriel-transit	edical	that initiated events resulting in death) Last	C.	Due to (or as a	conseque	nce of):						
ing p	Me											
2 2 3	an/	_	0									
0 0 0	Physician	Pert II. Other significant conditions of	ontributing to death bu	it not resulting i	in the unde	erlying cause gh	ven in Part i		23b. Did tob	acco use co	ntribute to	the cause of death?
at the by th	Phy	Hypertension							1 🗆 Yas	2 □ No	3 Prot	bably 4 Unknow
	by	nyper tension										
requires been sign should be									24a. Was an performe	eutopsy	24b. We	ere eutopsy findings aliable prior to
- 00	plet								perionii	BU !	COL	mpletion of cause deeth?
0 - 0	Completed								1 □ Yes	2 No		
icien: The certificate rector, pag		25. Was case referred to medical								-		Yes 2 No
	o Be	examiner?	Hospitei:			3□ DOA Oth	nor.	of Death (Ch				
Phys ral d	: To	27. Manner of Death	28e. Date of Injur		Time of	3L DOA	411111	ursing Home		ice 6 ∐Oth v injury occur		y)
After After funer	Certification:	1 Netural 5 ☐ Pending	(Month, Dey	Yeer)	Injury	26c. inju Wor M 1 □	rk? Yes 2 □		268CH06 H04	r injury occur	160	
the the	Ical	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	Α	n. At home 4			163 2		anation /Ctar	at and Alimb	or or Our	/ Douts Alumbas
4 9 5 E	ŧ	4 ☐ Homicide determined	28e. Place of Inju building, etc.	(Specify)	arm, street	r, rectory, onice			City or Town,		er or mura	I Route Number,
944		000 Oction										****
urs efter ral Direction	65	(Uneck only 2 Medical Exan	ysician: To the best of niner: On the basis of	examinetion er	e, death oo nd/or inves	ccurred at the tire stigetion, in my c	me, dete an opinion, dee	d piace, and d th occurred et	ue to the cau the time, det	ise(s) end me e end piece,	enner as st and dua to	ated. the ceuse(s)
Hospital or 4 hours aft Funeral Di tely filled in	2	one)	and menner stat	ted.								
the Hospital or hin 24 hours eft the Funeral Di npletely filled in	Aedicai					29c. Licens	se number		290	d. Dete signe	d (Month, I	Dey, Year)
	Medica	29b. Signeture end title of certifler										
To the Hospital or within 24 hours eft to the Funeral Dit completely filled in						D47	23			5/25/	96	
Tothe Hospital or within 24 hours eft to the Funeral Diccompletely filled in		29b. Signeture end title of certifier	completed cause of de	eth (item 23a)	(Type, Pri		23		į	5/25/	96	
Tothe Hospital or within 24 hours eft to the Funeral Difficompletely filled in		29b. Signeture end title of certifler MPumo 30. Name and eddress of person who		, ,		nt)		more.			96	
To the Hospital or within 24 hours aft to Funeral Di Completely filled in	M	29b. Signeture end title of certifler	. 7141 S	, ,				more,			96	

DHMH 16 Rev 6/95

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RECORDS,

DIVISION OF VITAL

HOSPITAL OR ATTENDING PHYSICIAN:

DIRECTOR: After the hours after death v

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funeral d	eath with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at
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CERTIFICATION

MEDICAL

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15658 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (Sist) Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH May 12:07 PM 1496 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthda 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign Country) 5. SEX IF UNDER I YEAR MONTHS DAYS 219 26 5509 1 X M 2 🗆 F 57 HOURS April 22,1939 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9a. SACILITY NAME (If not institution 9c. COUNTY OF DEATH 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Glen Burnie 1 TES 2XXNO 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7140 Baltimore and Annapolis Blvd. 21061 United States 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerfo Rican, stc.) 14. RACE Black 1 Never Married 2 X Married 1 TYES 2 TYNO Specify: White 3 Widowed 4 Divorced Vietnam Era 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Military Elementary/Secondary (0-12) College (1-4 or 5+) 12 Soldier U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Marion E. Numbers Mildred Anderson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Judith A. Numbers / wife 7140 Balt. & Annap. Blvd., Glen Burnie, MD 21061 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, Slate 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1 □ Burial 2 X Cremation 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) Green Mount Crematory 5/28

| 22. NAME AND ADDRESS OF FACILITY 5/28/96 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICE CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Baltimore, MD 21286 unann 23. PART I. Ental the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart fallure. List only one cause on each line Interval Between Onset and Dasth IMMEDIATE CAUSE (Final disease or condition Hypoxic Encephalopathy
Due to (or as a consequence of): resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially ilst conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Devere CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO UNCERTAIN U 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL:

1 Kinpatient 2 ER/Oulpatient 3 DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specily) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — Al home, ferm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be 4 Homicide determined 29a. CERTIFIER 1 🗵 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.

29c. LICENSE NUMBER

UMH

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Z=1 E. Univ. PKuy

29d. DATE SIGNED (Month Day Year)

5-27-96

DHMH-16 Ray 1/89

2.8 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

McKinney,

32. REGISTRAR'S SIGNATURE

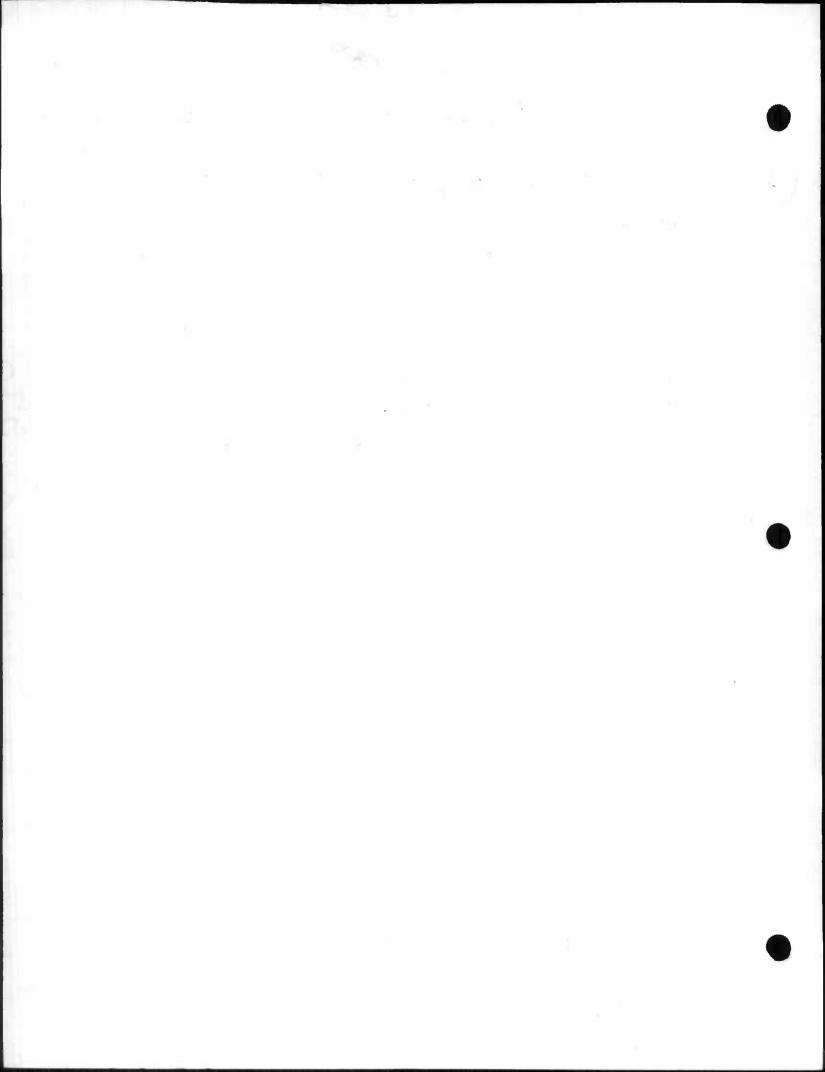
D.O.

Gulia Davidson-Randall

296, SIGNATURE AND TITLE OF CERTIFIER

Kobert

31, DATE FILED (Month, Day, Year)



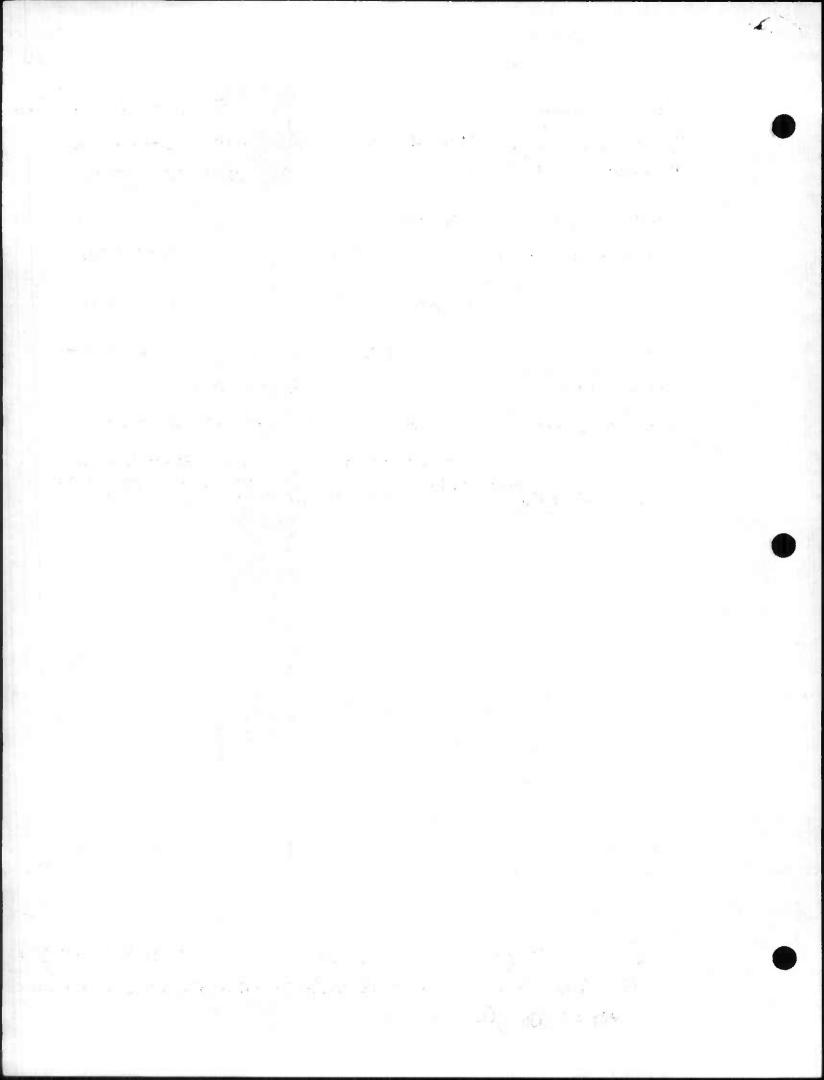
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Deeth **Physician** Month Vaar 20 Neal Ernestine. 05 25 96 /Medical 4b. City, Town, or Location of Deeth 4a. Facility Nema (If not institution, give street end number) 4c. County of Death Examiner BALTIMORE UNIVERSITT MARYLOND n/a If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Steta or Foreign Country) **Funeral** 1□M 2MK 31 Yrs. 216-90-5399 Director Dec. 8,1964 Usuel Rasidanca of Decedant 72 hours after death with the Merylend 10e. Steta 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner numb be notified at XXXXYes 2□No MD Director n/a Baltimore 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? 912 N. Freemont Ave. 21217 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Datas: Wes Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Maritel Status 14. Reca - American Indian Bleck, White, etc. Î∰Navar Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas Z☐No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry filed within 7 Hygiane. Elamantary/Secondery (0-12) Collage (1-4or 5+) permit. Pages 1 and 2 should be filed w. Department of Health and Mentel Hygian important: if Itan 27 is marked other the any injury or other transment. Waitress 12th Restaurant 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middla, Maidan Surname) Be Robert P. Neal 2 Annie Williamson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Routa Numbar, City or Town, Steta, Zip Coda) Robert Neal 912 N. Fremont Ave. BAlto., MD 21217 20b. Place of Disposition (Nama of 20e. Method of Disposition Data 20c. Location - City or Town, Stata cemetery, cramatory or other place) 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Western Star 5/29 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore, MD 22. Nama and Addrass of Fecility 21. Signature of Funaral Sarvica Licansea James A. MOrton & Sons Funeral Homes 1701 Laurens St. Balto., MD 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiec or respiretory errest, shock of heart failure. List only one cause on each line. Approximeta Intervel Between Onset end Deeth **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) **Examiner** The law requires thet tha daath certificate be axecuted Sequantially list conditions, if any, leading to immediate cause. Enter Undarlying Causa (Disaasa or Injury Division of Vital Records, P.O. Box 68760, attending physician Physician/Medical that initiated events resulting in death) Last Dua to (or as a consaguanca of): signed by the a Part II. Other aignificant conditions contributing to death but not rasulting in the undarlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 20 No 1 Yes 3 Probably 4 Unknown ģ Completed 24a. Was an autopsy parformed? 24b. Wara autopsy findings available prior to Deed completion of cause of daeth? page 2 s Aftar this certificata 2 No 1 □ Yas 2 □ No or Attending Physician: after death. director, 25. Was casa refarred to madical exeminar? Be 26. Placa of Deeth (Check only ona) Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Spacify) 2 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mennar of Daeth 28b. Tima of 28c. Injury at Work? Certification: 28d. Describe how Injury occurred 5 Panding invastigation Natural 1 Yas I Director: A d in by the f 2 Accidant 6 Could not be detarmined 3 ☐ Suicida Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Pleca of Injury - At home, farm, straat, factory, office building, atc. (Spacify) 4 | Homicida within 2. To the Funeral C Cartifying Physician: To tha best of my knowledga, death occurred at tha tima, deta and placa, and dua to tha ceusa(s) and manner as steted.

2 Medical Examiner: On tha basis of axamination and/or investigation, in my opinion, death occurred et tha time, data and placa, and due to the ceuse(s) and manner statad. Medical 29a. Certifian (Check only \$ 29b. Signatura and titla of certifier 29c. License number 29d. Dete signed (Month, Dev. Year) 30. Name end addrass of person who complated causa of death (Itam 23a) (Type, Print) SYBILLE 22 South WOE GREEN ST. BALTIMURE MD 21201 MO 31. Data filed (Month, Day, Year) 32. Ragistrar's Signetura State

Registrar

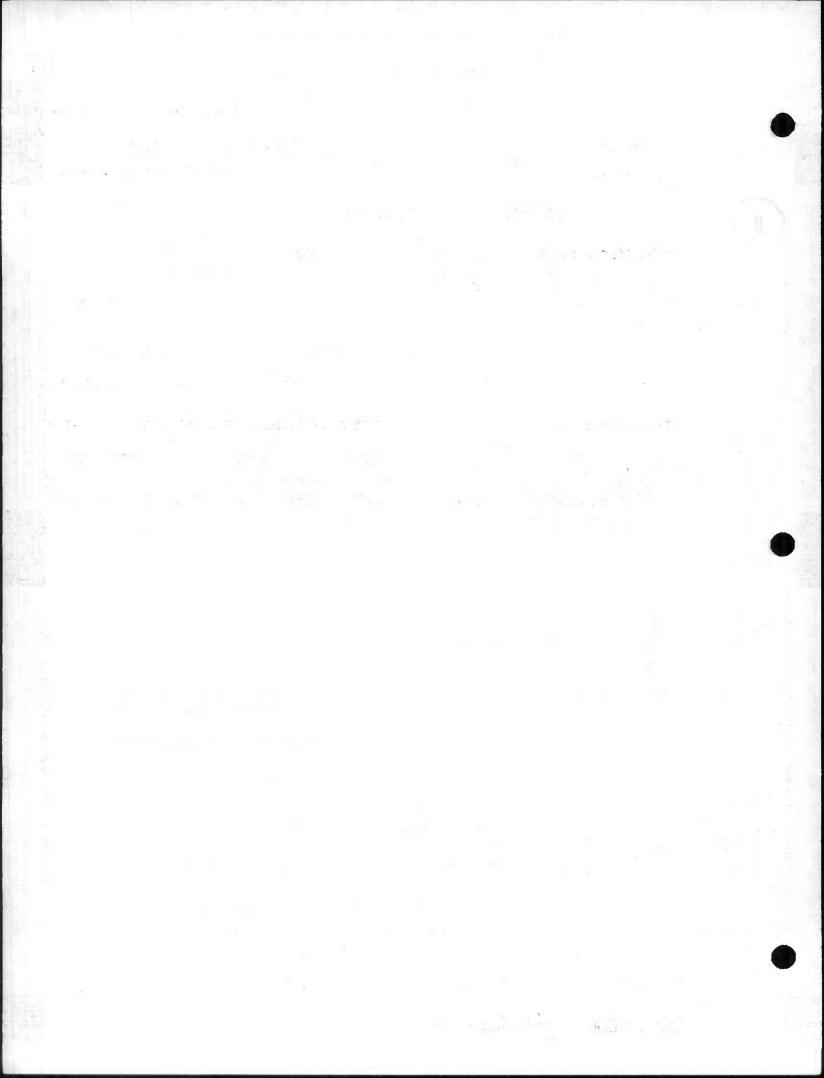
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DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 5661 Certificate of Death 1. Decedant's Name (First, Middia, Last) 2. Data of Death 3. Time of Death Day **Physician** PLATT 1:20 AM MILDRED 24 1996 MAY /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE N.

If Under 1 Year If Under 24 Hrs. B. Data of Birth
Months Days Hours Min. 8. Days Year 913 LEVINDALE 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign MARYLAND **Funeral** 10 M 20 F 82 Yrs. Director 216-01-9754 Usual Basidance of Decedant 10e. State 10b. County 10c. City, Town or Location 10d. Insida City Limits MD BALTIMORE BALTIMORE 1 Yes 2 No **Funeral Director** 10e. Street end Number 10f. Zip Coda 10g. Citizan of Whet Country? r than "natural", or items 23s of the Medical Examiner must be 6604 COPPER RIDGE DR., APT. 102 21209 USA 12. Was Decedant Ever in U,S. Armed Forces? 1 Yas 2 No Wes Decedant of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuben, Maxicen, Puarto Ricen, etc.) 11. Marital Status 14. Reca - American Indian. permit. Peges 1 and 2 should be filed within 72 hours after Department of Haeith and Mental Hygiena. Important: if itam 27 is marked other than "natural", or he may Injury or other traumatic event, the Medical Examina 2008. Nevar Married 2 Marriad altimore, Maryland 21215-0020 1 Yas 2 No Specify: þ Yas. Giva 3 Widowed 4 Divorced WHITE Yeer or Datas: Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) OFFICE MANAGER DAVID PLATT & CO., inc 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) LOUIS A PLATT IDA S RADESKY 19a. Informant's Name/Raletionship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Coda) IRVIN PLATT (BRO.) 6604 COPPER RIDGE DR., APT. 102 BALTO., MD 21209 20b. Place of Disposition (Nama of cemetary, cramatory or other place)
HEBREW FRIENDSHIP 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1X Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 5/26/96 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Othar (Specify) 250Lma LTE VINSON OCH BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 ations that ceused the death. Do not anlar the mode of dylng, such as cerdiac or raspiratory arrast, a cause on each line. Approximata Interval Batween Onsat and Death Physician Immediata Causa (Finel diseasa or condition rasulting in daath) /Medical OF CENTRAL NERVOUS SYSTEM LYMPHOMA Examiner Dua to (or as a consaguance of) Examiner the death certificate be axecuted ettending physician and lor use as the buriel-transit Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Disease or Injury Dua to (or as a consequence of): Box 68760. Physician/Medical that initieted events rasuiting in daath) Lest Dua to (or as a consequence of) Part II. Other signiffcant conditions contributing to death but not rasuiting in the underlying causa given in Part I. should be deteched 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings Completed 24a. Was en eutopsy peen available prior to completion of cause of death? certificate has 2 □ No 1 Yas 2 No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) axaminari 1 Yes 2 No Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) P 1 Inpetiant 2 ER/Outpatient 3 DOA this funeral 27. Manpar of Deeth 28a. Data of fnjury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: or Attending Patter deeth. 5 Panding invastigation 1 Yas 2 No 2 Accident 6 ☐ Could not be 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicide 28a. Place of Injury - At home, ferm, street, factory, office building, atc. (Specify) filled in by 4 Homicida To the Hospital within 24 hours e To the Funeral D Hospital 112 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner steted. 29a. Cartifiar Medical (Check only one) 29b. Signeture end tiffa of certifier 29c. License number 29d. Data signed (Month, Day, Year) ATTENDING SEC two D 25610 PHYSICIAN SET 30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print) HEWAR 10 LEVINDALE 2434 W. BELVER DERE AVENUE BALTIMORE MI) 31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura Registrar **DHMH 16 Rev 6/95**



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 9. PER F'.H. FILM G-735 State of Maryland / Department of Health and Mental Hygiene 5/28/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** PAHERSON SteWART 12:05 Am 23 1996 /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street end number) 4c. County of Death Examiner 100 N. Broad WAY HURCH Home of Hosp, BALT. If Under 24 Hrs. 8. Dete of Birth (Month, Day, 6. Sex 120 M 2□ F 5. Social Security Number 9. Birthplace (State or Foreign **Funeral** 243-42-8903 Months Deys Hours Yrs. Director Usual Residence of Decedent deeth with the Maryland 10e. State 10c. City, Town or Location 10b. County 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at BALTIMORE 1 Yes 2□No Director N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1510 21213 FEDERAL St. ISA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 11. Maritel Status Black, White, etc. filed within 72 hours after 1953 1 Never Merried 2 Married 2 🗆 No 1 ☐ Yes 2 No Baltimore, Maryland 21215-0020 Specify: LACK 1955 þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry pernit. Pegas 1 end 2 should be filed within Department of Health end Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, tra Me Elementary/Secondary (0-12) Collega (1-4or 5+) 12th Laborer Bethlehem Steel 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be William Patterson Annie Smith 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ella Mae Patterson 1447 Montpelier Street, Baltimore, MD 21218 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 Burial 2 Cramation 3 Removal from State 4 Donation 5 Other (Specify) Garrison Forest VA Cem. 5-28-96 Owings Mills, MD 21. Signature of Funeral Service Licensee 22 Name and Address of Facility March Funeral Home 1101 E. North Avenue, Baltimore, MD 21202 23a. Part1. Enter the disease, or complications that of sed the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one ceuse on the line. Approximata Interval Batween Onset end Death Physician Immediate Cause (Finel diseasa or condition resulting in daath) /Medical nereatic 2 months Examiner Dua to (or as a consequence of) use es the burial-transit requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as e consequence of): P.O. Box 68760. attending physician Physician/Medical Due to (or es a consequence of). Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, ģ 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24a. Was en eutopsy The law page 2 After this certificate 2 No 1 Yes 1 Yes 2 No Division of Vital To the Hotsitial of Attending Physician: "
within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p Be 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred Certification: 5 Pending investigation 1 Natural 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, death occurred at tha time, dete and place, and dua to the cause(s) and mannar as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D-40521 23,1996 401 CHURCH HOSPITAL 30. Name and address of person who completed causa of death (Item 23a) (Type, Print)

State Registrar 31. Date filed (Month, Day, Yest) MAY 2 8 11996

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DR. OCHANIEJ



BALTIMORE, MD

DHMH 16 Rev 6/95

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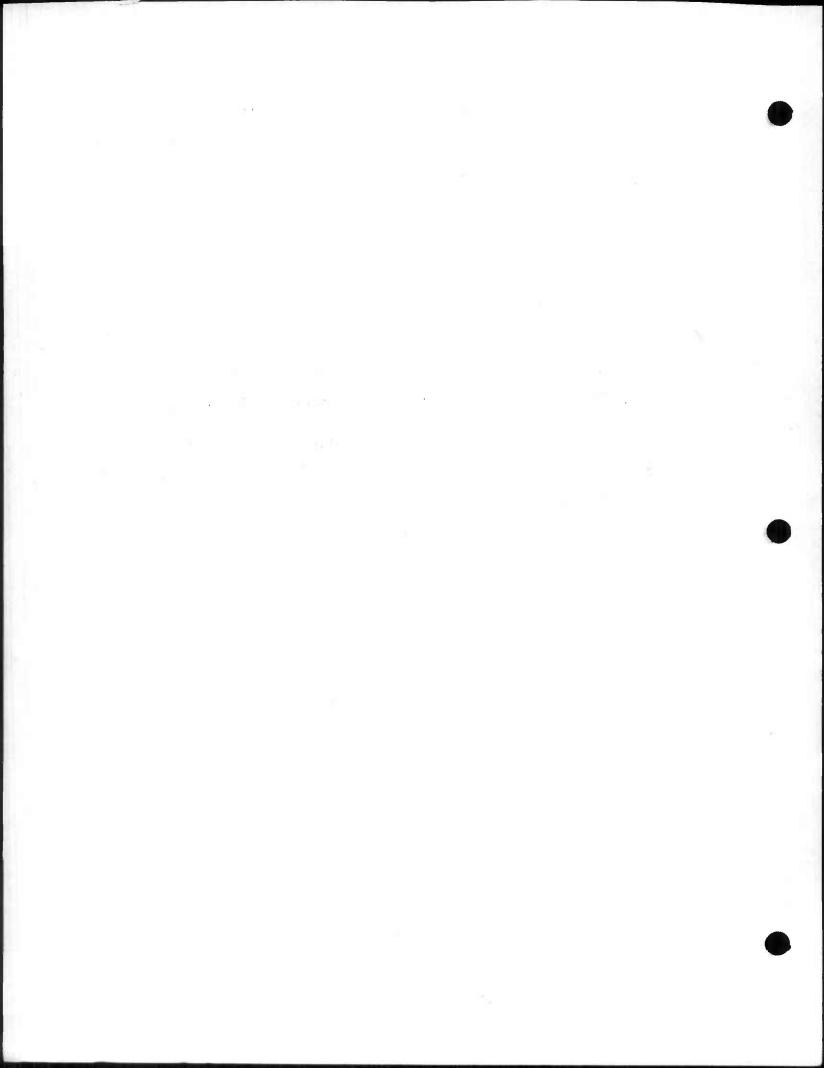
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTA	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) A SOCIAL SECURITY NUMBER	Se Pierc	(In yrs. lest birthdey)	F UNDER 1 YEAR	IF UNDER 24 HRS.	MA'		2 9	6 2	TIME OF DEATH
~	220-14-6782 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	73 YRS.	ONTHE DAYS	HOURS MIN.	Dec	h, Day, Year)	1922 9c. COUNTY	Country) Virg OF DEAT	inia
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			TOWN OR LOCAT	t/more		ity	N/A		d. INSIDE CITY
	Maryland N 100. STREET AND NUMBER 521 E. 38th Stre	i/A	Bait	imore	ZIP COOE 21218			109. CITIZER	OF WHA	Y YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 X NO Specify	n, Puarto			RACE — Black, W	American Indian.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Housekee	k done during mo retired.)	ON st of working	16b	HOSP	siness/indus		
BE COM	17. FATHER'S NAME (First, Middle, Last) Hubert Burns		110dDelte	.p.11.9	18. MOTHER'S NA Alberta		Middle, Maiden			
TO B	19e. INFORMANT'S NAME (Type/Print) Rene 1 Pierce		19b. MAILING A 4216 Lo	och Rave	nd Number or Rural en Blvd.	Apt	ber, City or You 443,	n, State, Zip Co Balto	de) • , M	D 21218
	1 St Burial 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	Ran	oshell Men	March 1101	Funeral E. North	Home Ave	e nue, B		re, I	MD 21202
RTIFICATION	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	B. Acute DUE TO (OR AS D. Chronic DUE TO (OR AS C. CONSC	Exact of a consequence of: Obstath ca consequence of: Lucil He a consequence of:	tion o	of Bron	Du	ris		,	Approximate interval Betwoen and D approximate a
MEDICAL CE	PART II. Other significant condition Hypesker		but not resulting in	the Underlyin	g csuse given in	Part I.	24n. WAS AN PERFO	RMED?	AM CO OF	ERE AUTOPSY FIND AILABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO
SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH		UNCERTAI	Ν□				
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ	PRK? YES 2 NO			INJURY OCCUP	REO	
9	3 Suicide 8 Could not be 4 Homicide dstermined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, str scify)	eet, factory, offic	•		CATION (Street or Town, State	and Number or	Rural Rout	Number,
COMPLET	anal	SICIAN: To the best of my know IER: On the beals of exemination							euse(a) ar	nd manner aa stste
TO BE	29b, SIGNATURE AND TITLE OF CERTIFIE ASUMA VOLLA	n M.D			AT 24		46			onth, Day, Year) 22, 96
	Aruna Noth	un, Unioni	Memoral		ilal r	MD				
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	-							





Home Krande Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Date of Deeth Root Prance Month **Physician** ANNE K DOUIDSON /Medical 4a. Facility Name (If not institution, give street and name 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PERMICE Universide If Undar 1 Yaar | if Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5 - 3\ - \ 3 Birthpiece (State or Foreign Country) 6. Sex 5. Sociel Security Number (In yrs. lest birthdey) **Funeral** Days 1 M 2 82 Yrs. 319-05-40 Director MADISON WI Usuel Residence of Decedent with the Merylenc 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or ferms 23a or 28a-f shot traumatic event, the Medical Examiner must be not the de-MD Universita Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20782 Funeral deeth 12. Was Decedent Ever in U,S.
Armad Forcas?

1 Yas 2 No
If Yes, Give
Yeer or Dates: permit. Peges 1 and 2 should be filed within 72 hours after deet Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural". A sary injury or other traumatic events. 14. Race - American Indian, Black, White, atc. Wes Dacedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 Never Merried 2 Married 21010 Specify: WHITE þ 3DWidowad 4 □ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker MA NA 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) TREXIER WINFRED -00T SAVIDSUN 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Prance HPRM Sun of WINFRED TREXIET ROOT 4249 MAGE 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece, 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete U MD; ANGTORY BOOKS Donetion 5 Other (Specify) 21. Signeture of Forerai Sarvice Licensee Ronald S 22. Name end Address of Facility Baltimore ST B-021 Wade, Dir. BALT MD 21201 23e. Part. Enter the disease, or complications that causad the deeth. Do not antar tha mode of dying, such as cardiac or respiretory errest, spock, or heart feilure. List only one cause on each line. Physician /Medical Immediate Cause (Finei disease or condition resulting in deeth) Examiner attending physicien end for use es the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in deeth) Last Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of):

Physician/Medical þ Completed Certification:

signed by the at d be deteched for

been si

certificate

Affer

deeth.

To the Hospital or Attend within 24 hours efter deetl To the Funeral Director: completely filled in by the

funeral director,

Attending Physician:

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 2No 3 Probably 4 Unknown 1 Yes

24a. Wes en eutopsy performed?

24b. Were eutopsy findings aveileble prior to completion of cause of death?

300 PM

10d. inside City Limits

1 Was 2 No

CITU

21043

MD

Approximete intervel Batwean Onset end Death

Georges

1 🗆 Yes

26. Piece of Deeth (Check only one)

Other: 4 Nursing Home 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 Plesidence 6 ☐Other (Specify) 28d. Describe how injury occurred

26a. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 1 Yes 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the tima, date end place, end due to the cause(s) end mannar stated. 29a. Certifier sub. Signature end title of certifiar

D. Ulloto

5 Pending invastigation

6 Could not be determined

29c. Licanse number

29d. Data signed (Month, Day, Year)

30. Name end eddress of person who completed cause of death (item 23a) (Type, Print)

MARTON

31. Dete filed (Month, Day, Year) MAY 28 1996

25. Wes case referred to medical exeminer?

1 Yes

27. Menner of Deeth

Naturei 2 Accident

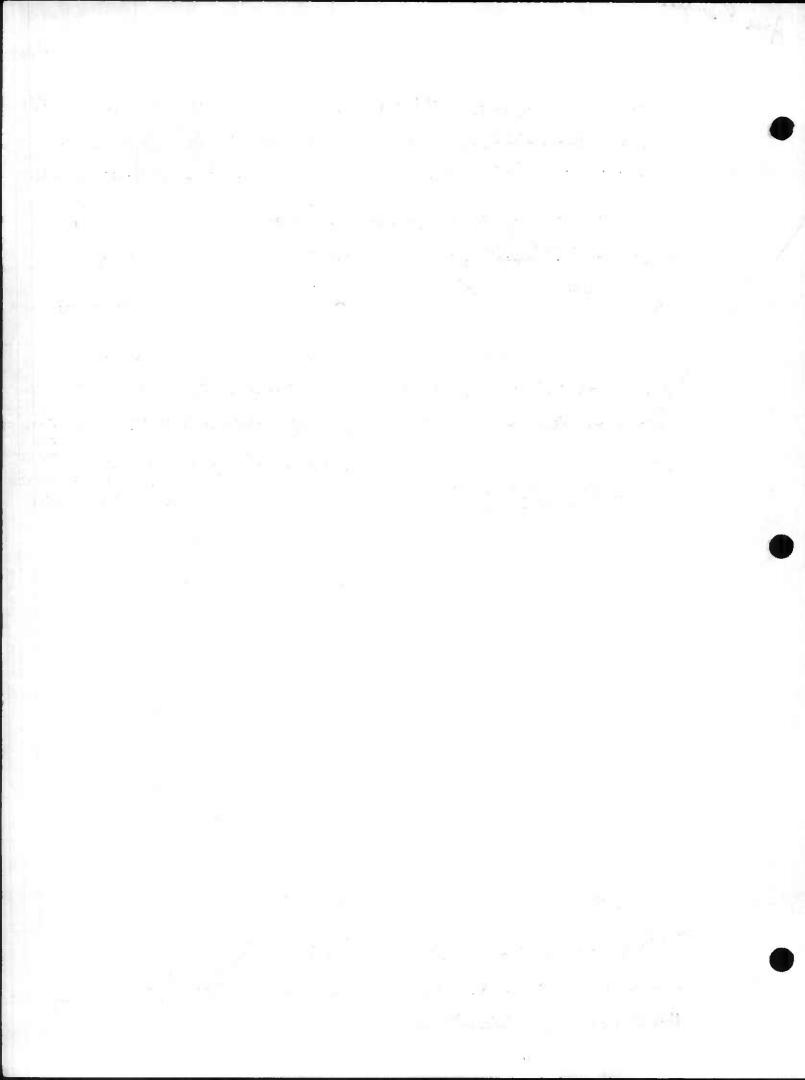
3 Suicida

4 Homicide

32. Registrer's Signeture a Davidson

State Registrar

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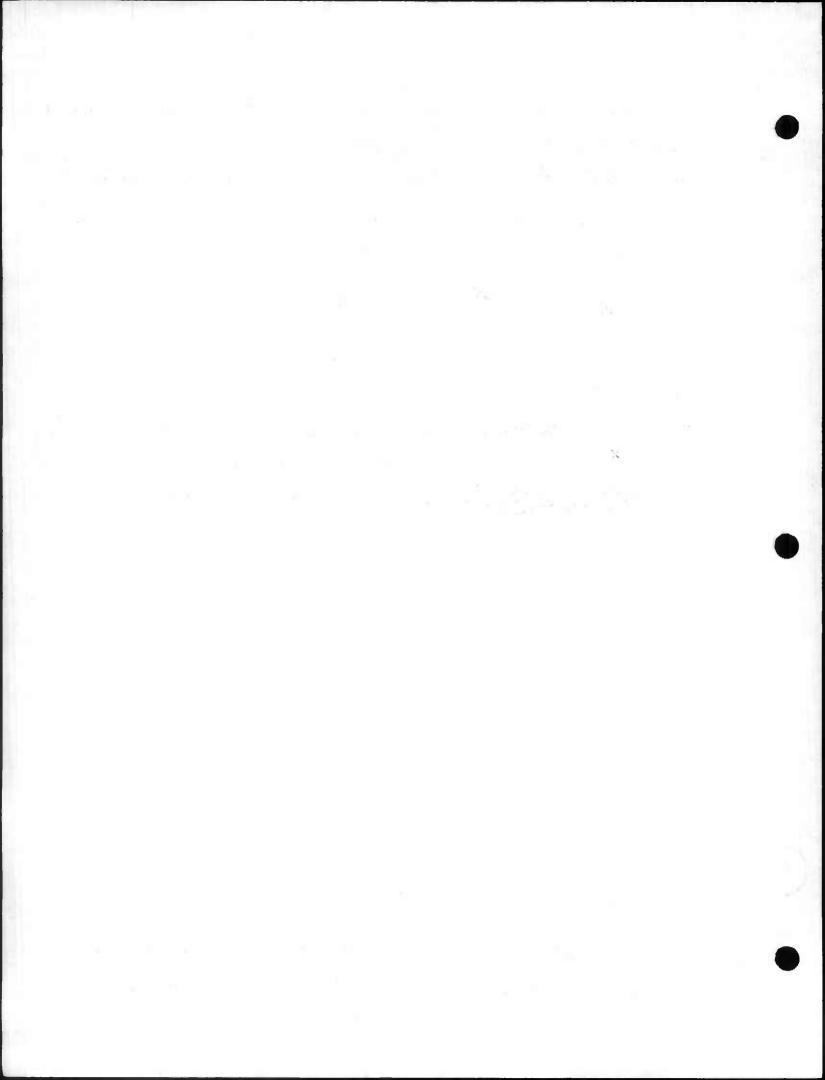


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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

					Certifica	110 01	Doutin		Reg. No.		
Physi	cian	1. Decedent's Neme (First, Middle, Le WILLIAM L.	,					2. Dete of D Month MAY 2	Dev	Yeer	3. Time of Deeth 6:10 A.M
/Med		4e. Fecility Name (If not Institution, gir					4b. City, Town, or				0.10 A.H
Exam	iner	2105 CRIMEA RO					BALTIMO				
Funera	1	5. Sociei Security Number 6.	Sex 7. Ag	je (In yrs. last bir		ler 1 Yeer	If Under 24 Hr		irth N/	9. Birtho	iece (Stete or Foreign
Directo		231 01 9064	1 ⊠ M 2□F	78	Yrs. Month	s Deys	Hours Mir	5. 6. Dete of B Month D JAN . 4	,1918	VIRG	INIA
pue *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	or Location					1/	0d. Inside City Limits
Aaryle Faho	5	MD. N/A			IMORE					"	1 X Yes 2 □ No
the h	Director	10e. Street end Number		DILLI		Zip Code			10g. Citizen of	Whet Coun	trv?
3a or	ā	2105 CRIME	A ROAD			2120	7		U.S. 0		
hours efter death with the Maryland ural', or ftems 23a or 28a-f show Leve more from be notined at	Funeral	11. Meritel Stetus	12. Wes Decedent	Ever in U,S.	13. Wes Dec	edent of I	tispenic Origin? (en, Mexican, Pue	Specify Yes or N		e - Americ	
or Ite			Armed Forces? 1 Yes 2 1 If Yes, Give			2 No		no mican, etc.)		ck, White,	
72 hours "netural",	d by	3 ☐ Widowed 4 ☑ Divorced	Yeer or Detes:							»: BLA	
72 ment	Completed	15. Decedent's E (Specify only highest gr	ducetion ede completed)	16a.	Give kind of life. DO NOT	vork done	during most of we	orking	16b. Kind of B	usiness/Ind	lustry
within ene.	E DE	Elementary/Secondery (0-12)	College (1-4or 8	5+) T.	V. PR		*		TELEV	TSTOI	V
H The		17. Fether's Neme (First, Middle, Last						eme (First, Middle	e, Melden Sumer	-	·
	To Be	BENNIE POWELL					RANNIE	HAWKI	NS		
V) = =	-	19e. Informent's Name/Reletionship	(Type, Pnint)	19b	. Meiling Addre	ss (Street	and Number or F	Rural Route Num	ber, City or Town	State, Zip	^{Code} 21042
The tree		MRS. AVIS A., U	M STEAD (N	(IECE)	3519	TOOD	GATE CO	IIRT F	LLICOT	r cr	21042 TY.MD.
of Heeit		20e. Method of Disposition 1 Disposition 2 Cremetion 3 Disposition		20b. Plece of	Disposition (A	leme of r other ple	ce)	Dete	20c. Location	City or To	TY, MD. wn, Stete BALTO
Peg nent ant: if ury o		4 □ Donation 5 □ Other (Speci		METRO	CREM	ATOR	Y MAY 2	7,1996	CATON	SVILI	LE, MD.CO
permit. Peges 1 and Department of Heel Important: if Item 2 any injury or other	á	21. Signature of Funeral Service Lice	nsee)LEWIS	T. GW	YNN 22 Neme	end Addre	ess of Fecility				
205 = 3		Lewis	J. H.	luce		LEW	19 1.		UNERAL		
		23a. Pert1. Enter the disease, or com shock, or heert failure. List only	plications thet cau	the death. Do	not enter the m	ode of dyi	ng, such as cardie	ed of respiratory	arest, AVE.	BAI	ApproximateMD . Intervel Between
Physician			0000							î	Onset end Deeth
/Medica Examine	-	Immediete Ceuse (Finei diseese or condition resulting In death)	e	retasta	tic p	nst	rti ca	ncer		1	2 years
	1 b	, and any		Due to (or es e	consequence	f):					9
uted Insit	Examiner		b. —								
execting and and ital-tra	Exa	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury		Due to (or es e	consequence o	т):				!	
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certificate be executed nding physician and use es the burial-transit	n/Medical	resulting in death) Lest				,				1	
	an		d								
that the death ed by the ette detached for	Physicia	Pert II. Other eignificant conditions	contributing to death b	ut not resulting in	the underlying	g ceuse giv	ven in Pert I.	23b. Die	tobacco use co	ntribute to	the cause of death?
d by								10	Yes 2 No	3 Prot	bably 4 Unknown
80 60	by									Odb Wa	
reen	etec							24e. We	s en eutopsy formed?	eve	ere eutopsy findings elieble prior to inpletion of cause
N G N	Completed								/	of c	deeth?
The ate								10	Yes 212 No	1[Yes 2 V
Physician: The rthis certificate and director, pag	Be	25. Was case referred to medical exeminer?	Hospitel:			Ott	or.	eth (Check only			
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Attending or death. ector: After by the fune	tion	1 Meturel 5 ☐ Pending 2 ☐ Accident Investigatio	28e. Date of Inju (Month, Da	y Year)	njury M	28c. Injui Wo	rk? Yes 2 □ No	200. 2000.	Trove linjury cools		
or Attending Parter death. I Director: After to in by the funera	fica	3 Sulcide 6 Could not b	28e. Place of Inj	ury - At home, fe	rm, street, fect	ory, office	,		(Street end Num	ber or Rure	l Route Number,
s afte	Certification:	4 Homicide	building, et	c. (Specify)				City or T	own, Stete)		
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral		29a. Certifier 12 Certifying Pt	nysician: To the best	of my knowledge	, deeth occurre	d et the ti	me, dete end pled	e, end due to the	e cause(s) end m	enner es st	eted.
he He in 24 he Fu	edicai	one) 2 Medical Exal	niner: On the basis of end menner sta	ated.	d/or investigati	on, in my c	opinion, deeth occ	curred et the time	, dete end place,	end due to	the ceuse(s)
	Σ	29b. Signeture end title of certifier			2	9c. Licens			29d. Date signe		
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To To Con		30. Name and eddress of person who	completed cause of d					(5)	E MD		

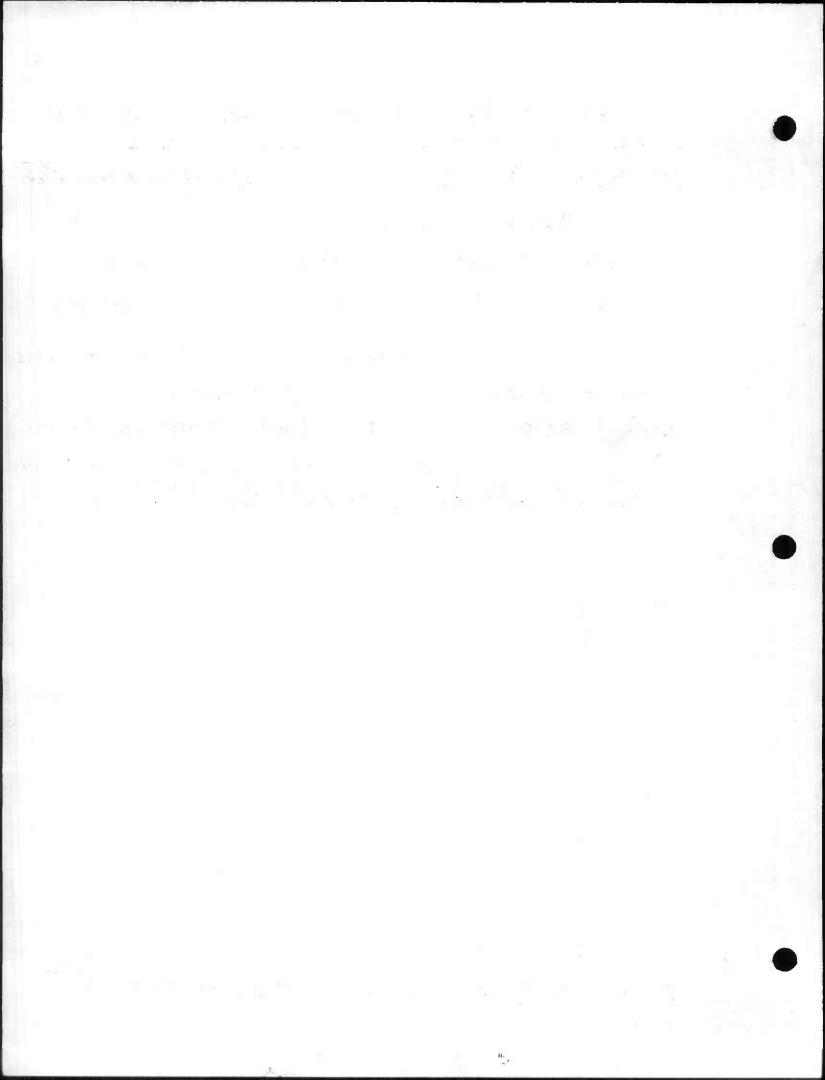


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State of Maryland / Department of Health and Mental Hygiene

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				Certificate	or Death		Reg. No.		
		1. Decedant's Nama (First, Middla, Las	st)			2. Data of De		Vers	3. Tima of Death
Physicia		OLGA	ETHEL	PERRONI		Month May	Day 18 199	Yaar 9.6	9:55p
/Medic Examin		4a. Facility Nama (If not institution, give	a street and number)	1 DIMONI	4b. City, Town, or I				9:35p
Examini	lei			EASTON	EAST	M	TALE		
		5. Social Sacurity Number 6. S		. last birthday) If Undar 1					non (State or Forei
Funeral Director			□M 2XF		ays Hours Min.	(Month, Da	y, Year)		aca (Stata or Forei
Director		Usual Rasidanca of Dacedant	10	2		JUN.3	4,1724	N.BR.	UNSWICK
2		10a. Stata 10b. County	10c. C	ity, Town or Location				10	d. Insida City Limi
28a-f show	5	OII ME	Nina 1	4 /	11			''	1 Yas 2 1
9.6	Sc.	OH PIEL	SIMIT I	VADSWORT					
8	Funeral Director	10e. Street and Number		10f. Zip Co			10g. Citizan of \		,
238	ie.	190 MAIN	ST. ADT.	2/3 44	1281		U	1.5.1	4.
items ner m	ne	11. Marital Status	12. Was Dacedent Evar in U Armed Forces?	J,S. 13. Was Dacedan	of Hispanic Origin? (S Cuban, Maxican, Puart	pecify Yas or No	- 14. Rac	ce - Amarica	
Hygiena. ther than "naturel", or flems 23a or 28e-f show ent, the Medical Examiner must be notified at		1 Nevar Married 2 Married	1 ☐ Yas 2 No		4	o riioari, ato.)	10000		ic.
급립	b	3 ☐ Widowed 4 Divorced	If Yas, Give Yaar or Datas:	1 □ Yas 2 0	No Specify:		Specify	INF	+ITE
natural.	Be Completed	15. Decedent's Ed	ucation	16a. Decedant's Usual C	ccupation		16b. Kind of B	usinass/indu	Jstry
	pie	(Specify only highast gra		(Giva kind of work of life. DO NOT use if	ona duning most of wor atired)	king			
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and Mantai s marked o sumatic evi	To	NOSEPH		19	KOSZ	= 11/14	Kow		
team and wants Hygi tem 27 is marked other other traumatic event, i		19a. informant's Name/Ralationship (ype, Print)	19b. Mailing Address (S	reet and Number or Ru	ral Routa Numb	er, City or Town,	Stata, Zip (Code)
em 27 i		BEV OCHAH	PER	3433 B	AKE KD.	JEV	14E)	014.	44273
r othe		20a. Mathod of Disposition		Place of Disposition (Nama cematary, cramatory or otha	of place).	Data	20c. Location -	City or Tow	m, Stata
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in the	1	21. Signature of Papiliral Service Licen		A 22 Nama and A	ddrass of Facility	XX. (b)	UVADI	1000	2111
Department of important: If it any injury or once.		· Chan	Mula	4. CVAS	F. U.	2829 F	4UP501	0 31	
		1 Koment.	John !	ONING	1117 11	BALTO.	MD.	スノス	224
		23a. Part1. Entar tha disaase, or comp shock, or haart failure. List only	plications that causad the dea	th. Do not antar tha mode o	dylng, such as cardiac	or raspiratory a	rest,		Approximete Intarval Between
ysician								1	Onset and Death
Medical		Immediete Causa (Final diseasa or condition	Intra co	rebral he	marchaa	0			4 days
aminer		rasulting in death)		or es e consequance of):	0			1	(0.0.4)
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al-tran	Xa	Sequantially list conditions, if any, leading to immadiata							
	ai Examiner	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury	C						
shysicia tha bu		Sequantially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Disease or Injury that initiated evants rasulting in death) Last	c	or as a consequanca of);					
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g physicia as tha bur	Medicai	Part II. Other significant conditions or	cDua to (d		a givan in Part I.				
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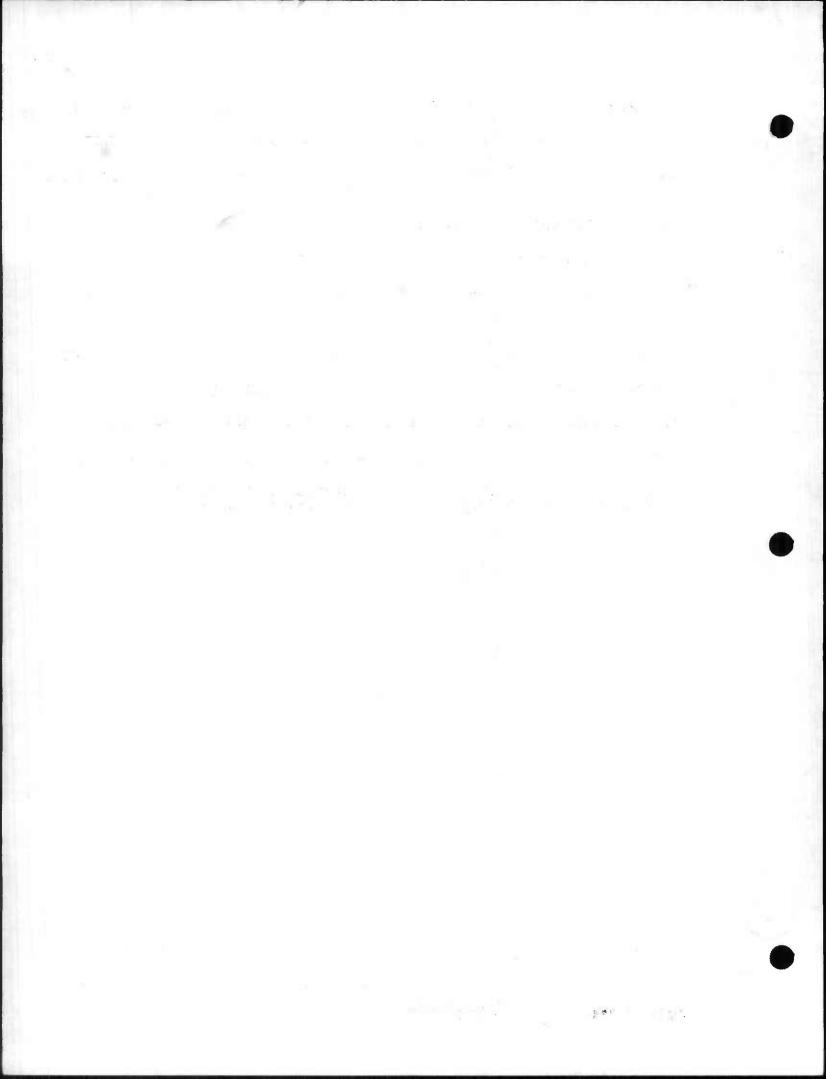


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State of Maryland / Department of Health and Mental Hygiene 96

15667

							Cer	tificate	of D	Death		Reg. No.		
		73	1. Decedant's Name (Fi	irst, Middle, La	st)						2. Dete of De	eth		3. Time of Death
	Physic		MARY	Α.	PE	PLINSK	I				Month	Dey 23 199	Yaar	11-300
	/Medi Examii		4a. Facility Nama (If not	institution, giv	a straat and number)				4b	. City, Town, or L				P
	EAGIIII		8403 Mt.	Airy	Ct				F	ROSEDALE		В	ALTIMO	DRE
	Funeral Director		5. Sociel Security Numb 198284666	1	ax 7. Age	e (In yrs. lest l	Yrs.	If Under 1	Year Deys	If Under 24 Hrs. Hours Min.	8. Data of Birt (Month, Da April	h y, Year) 14, 1936		ace (Stata or Foreigr ry) IOSLOVAKIA
	pur *		Usual Rasidance of Dac	edant c. County		10c. City, To	wn or Loc	eation					10	d. Inside City Limits
	death with the Maryland ms 23a or 28a-f show	0	200					ALION .					10	1 ☐ Yas 2 🛣 No
	the Mar 28a-f si	Director	10e. Street end Number	BALTIMO	ME	ROSED	ALE	10f. Zip Co	ode			10g. Citizan of	Mhat County	n/2
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	or its	by Funeral	1 ☐ Navar Marriad 3 ☐ Widowed 4 ☐		Armad Forcas? 1 ☐ Yes 2004 If Yas, Giva Yeer or Datas:			Yes, specify ☐ Yes 2X		spenic Origin? (Sp , Maxicen, Puarto Specify:	Rican, atc.)		ck, White, at v: WHIT	itc.
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Mar	and le m		19e. Informant's Name/	, ,						nd Number or Rui				Code)
	Health em 27		JOHN PEPLIN		/HUSBAND					RY CT.	ROSEDALI			
<u> </u>	2 - 2		20a. Mathod of Dispositi 1 X Burial 2 □ Cr		Ramoval from Stata	20b. Place cemai	of Dispos	sition (Nema etory or othe	of ar place,)	Data	20c. Location	City or Tow	vn, Stete
E S	men tant:		4 ☐ Donetion 5 ☐	Othar (Specify	y)	GARDE	ENS C	FAI	TH	15	5/28/96	BALTIM	ORE, I	MD
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in Hospital	with a 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	edical C	29a. Certifiar 1 ☐ (Check only one)	Certifying Phy Medical Exam	ysician: To the bast on the bast of and mennar sta	axamination a	ge, daeth and/or inva	occurred at t	tha tima my opir	, data and place, nion, daath occur	and dua to tha cred at tha tima,	causa(s) and me	ennar as sta and due to t	ited. tha ceusa(s)
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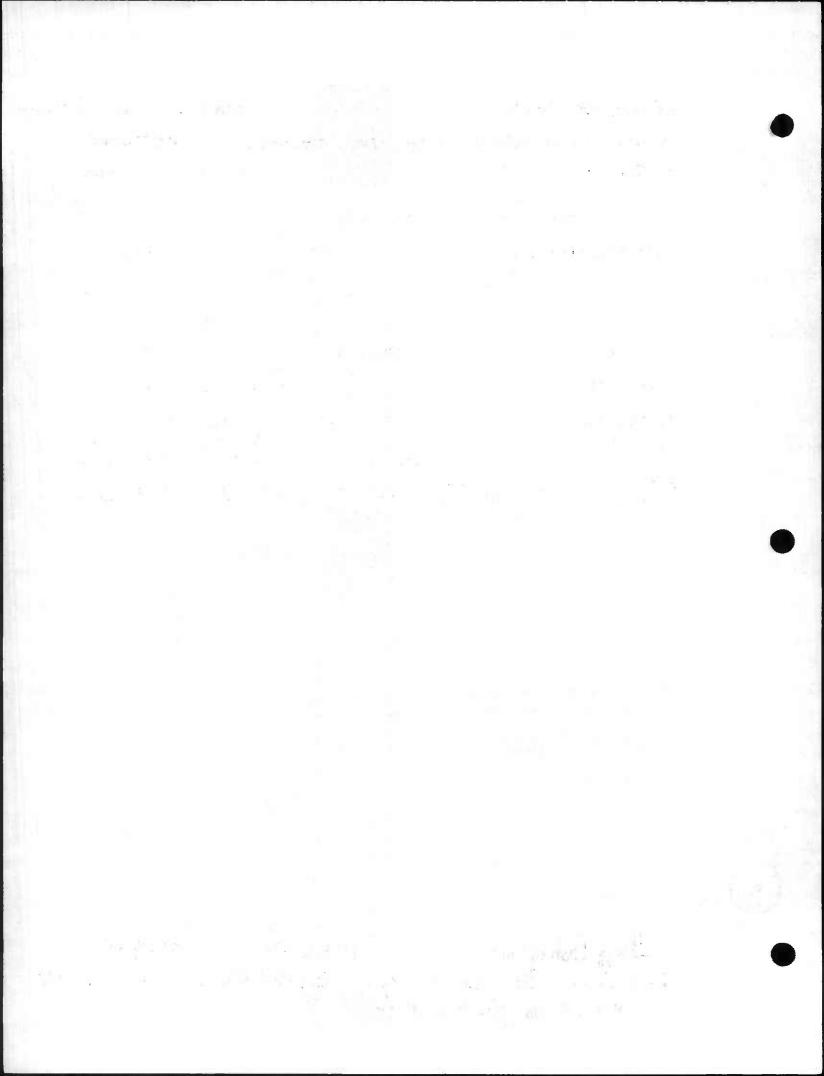
State of Manyland / Department of Health and Mental Hydiana O. C.

5/28/96 t.t

State of Maryland / Department of Health and Mental Hygiene 96

15668

	_							Death			Reg. No.		
		1. Decedent's Name (First, Middle,	Last)							2. Dete of De	eeth		3. Time of Death
Phys		REED, BEV	ERIN	BEVERLY	REED					Month	25	96	2:45p
/Me Exan	dical	4a. Facility Neme (If not institution,	give street end number)				1	4b. City, To	own, or L	ocation of Deat		y of Death	
_ E.Xd∏	mner	UNIVERSITY		h 10 1	h c0	ITAL		BALTI	MARA		BALT		
			Sex 7. Age	In vrs last h		if Under		If Under		8 Date of Bir			
Funer: Directo		212-58-7266	1□M 2점¥	(In yrs. last b	Yrs.	Months	Days	Hours	Min.	(Month, De	th ay, <i>Year)</i> 5,1953	Cou	plece (Stete or Foreigntry) MD
		Usual Residence of Decedent								Uall . Z.	3,1933		MD
Jeno Mana		10a. State 10b. County		10c. City, To	wn or Loc	ation						1	10d. inside City Limit
Men.	Ö	MD n/	a	F	Balt	imor	ce						N⊠Yes 2□N
r 28a-f show	9	10e. Street end Number				10f. Zip	Code				10g. Citizen of	What Cou	ntry?
th with 23a or	0	1924 Divisio	n St.					1217				SA	
leath	Funeral Director	11. Maritel Status	12. Was Decedent E	Ever In U.S.	13. W	/es Deced			ioin? (Sp	pecify Yes or No			cen Indien,
fter dea	P.	1 □ Never Merried 2 □ Married	Armed Forces?		If	Yes, speci	ify Cub	en, Mexice	n, Puerto	Rican, etc.)	Bie	ck, White,	etc.
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within iene. then	E	Elementery/Secondary (0-12)	College (1-4or 5-		Seam	stre	ess				C10	thin	C
	0	17. Father's Name (First, Middle, La	st)	· · · · · · · · · · · · · · · · · · ·				18. Moth	er's Nam	e (First, Middle	, Maiden Sumer		2
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pamit. Page Department or mportant: If any injury or	BOO	21. Signature of Funeral Service Lic	ensee					Mort		& Son	s Fune:	ra1	Home
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/Medica	_	Immediate Cause (Final											
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	er	disease or condition resulting in death)					RY) is R	EASE			YEARS.
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State of Maryland / Department of Health and Mental Hygiene 96

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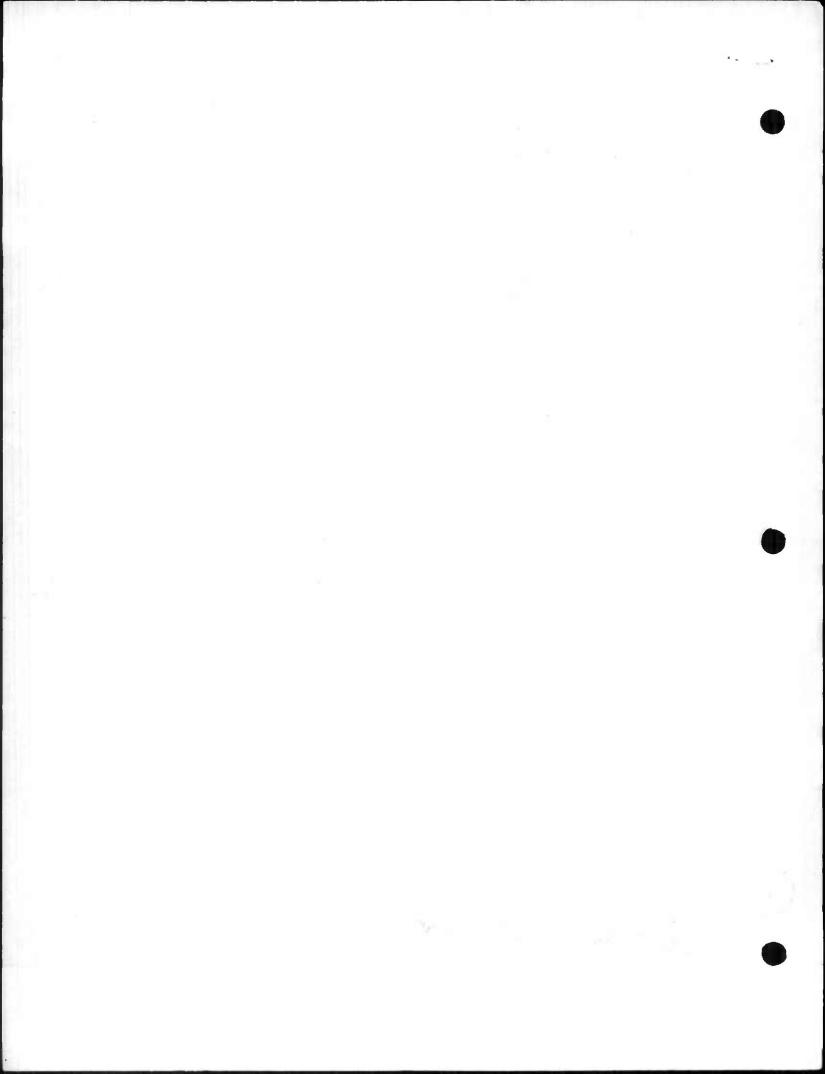
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 5-, 35 ROBERT 996 REID 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH May 25, 1930 096-22-2328 1 3 M 2 - F 65 New York Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Lorien Nursing Home Columbia Howard RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Columbia permit. 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6334 Cedar Lane executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is burial, cremation, or enrowl. 21044 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerio Rican, etc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Korean White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during most life. Do NOT use retired.) Deputy Director Human Resources Elementary/Secondary (0-12) College (1-4 or 5+) Social Security Administration 17. FATNER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Reginald Reid Martha Squires notified at H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Kenneth Reid 48 Stone Park Place Baltimore, Maryland 21236 (Son) 9 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State ro Crematory May 29,1996 4 Donation 5 Other (Specify) Catonsville, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Witzke Funeral Homes, Inc. 5555 Twin Knolls Road Columbia, Maryland Xuesessau medicai 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, IMMEDIATE CAUSE (Finel Onset and Death the disease or condition_ acute Renal Failure resulting in death) sules Dependent Diabetes Mellitus nsules CERTIFICATION Sequentially list conditions, prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury signed by the attending physician Health and Mental Hygiene prior to other QUE TO (OR AS A CONSEQUENCE OF) thet initiated events reaulting in death) LAST 5 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY MEDICAL any Dealetic Neuropathy 1 TYES 2 WHO Retinapathy, Diaretic acity namic neuroschy I TYES 2 NO NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | UNCERTAIN | PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL this certificate his with the State I item 1 | YES 2 | NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 - Residence 6 - Other (Specify) the 6 27. MANNESS-OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Natural 1 YES 2 NO After t ВҰ 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number City or Swen, State) 6 Could not be COMPLETED DIRECTOR: hours after 4 Homicide 28 OR 29e. CERTIFIER
1 DEERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. HOSPITAL FUNERAL Within 72 h 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. IMPORTANT: De and 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Munder D44 782 1496 ▶ Mark 24 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) JERRY ANN HUNTER COLUMBIA, MARYLAND 2 KNOLL NORTH DRIVE, 21045

MAY 28 1996

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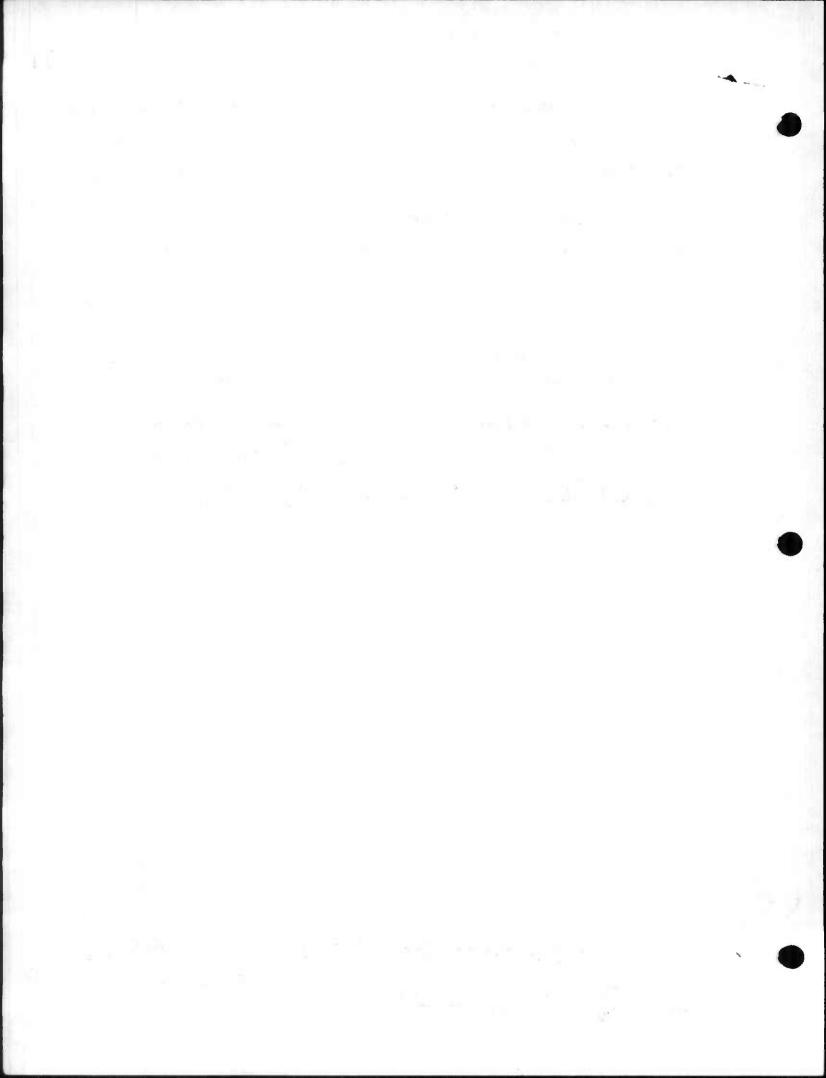


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State of Maryland / Department of Health and Mental Hygiene

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	Physic /Medi		Julie An	ne Redding	ger					May Month	24 1	Yeer 1996	4:30 PM
	Exami		4e. Fecility Neme (If not instit 5457 Kerger		number)				, Town, or I	city		y of Death vard	
	Funeral Director		5. Social Security Number 214–68–1608	6. Sex 1 □ M 2 🛣	7. Age (In y	rrs. last birthday Yrs.	Months Da		nder 24 Hrs. urs Min.	8. Date of Birt (Month, Da May 6,		9. Birthp Court	olace (State or Foraign otry)
	and w		Usual Rasidence of Dacedan 10a. State 10b. Co.		10c.	City, Town or L	ocation					1	Od. Insida City Limits
	Maryl -f sho	tor	111,72	ward		llicott							1 ☐ Yes 2½ No
	death with the Maryland ms 23s or 28s-f show	Funeral Director	10e. Street and Number 5457 Kerger	Road			10f. Zlp Cod 2104				10g. Citizen of USA	What Cour	ntry?
21215-0020	or its	by	11. Marital Stetus 1 Navar Married 200 3 Widowed 4 Divor	Armed Varried 1 ☐ Ye If Yas,	ecedant Evar in Forcas? es 2 XNo Giva or Datas:	13.	Wes Decedent If Yas, specify (pecify Yes or No o Rican, atc.)	14. Ra Bla Specia	ce - Americ ack, Whita, fy: Whi	atc.
5-0	"natural",	eted	15. Dece (Specify only hi	dant's Education	ed)	16a. Dece	dent's Usual Oc	cupation	most of wor	kina	16b. Kind of E	Businass/Inc	dustry
121	within ene. then	Completed	Elemantary/Secondary (0-	2) Colleg	e (1-4or 5+)		kind of work de DO NOT usa re	tired)			Own H	Tome	
	d be filed and the filed to the	To Be Co	12 17. Fathar's Nama <i>(First, Mid</i> Kenwood J.		ie	HOI	memaker			ne (First, Middle, n Garity	Maidan Sumai		
Maryland	s 1 and 2 should be filed within f Health and Mental Hyglene. Item 27 is marked other than other traumatic event, the H	Ė	19a. Intormant'a Name/Raiat Sherman W. R		Husband					iral Routa Numbe			
Baltimore,	permit. Pages 1 and 2 s Department of Health ar important: If Item 27 is iny injury or other trau		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Crameti 4 ☐ Donation 5 ☐ Otha		om State	cematary, cra	osition (Nama o matory or other herd Ce	place)	May 25,	Data 1996]	20c. Location Ellicot		
Balti	permit. Pages Department of Important: If it any injury or once.		21. Signeture of Funeral San	Ilca Licansae	Buh	W:		inera.	1 Home	es, Inc.		210	145
	-		23a. Part1. Enter tha disaase shock, or haart tailura.	, or complications the	at caused the da							210	Approximata
	Physician /Medical Examiner	Je.	Immedieta Causa (Finat disaasa or condition rasulting in daath)	. Me	tust Dua to	o (or as a conse	quance ot):	los	10	unce	n		Intarval Between Onset end Death
Box 68760,	death certificate be executed e attending physician and ed for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disass or injury that initiated events rasulting in death) Last	d		(or es e conse	ma	tv	36	ligta	B-		/ week
P.O. B	that the death cert ed by the attendin detached for use	Physician/	Part it. Other significant con-	dittons contributing to	death but not r	rasuiting In the u	indarlylng cause	givan In P	art i.	23b. Dld 1			the cause of death?
Records, F	v requires been sign should be	Completed by F	14							24a. Was	an autopsy rmad?	24b. Wa	are autopsy tindings aliable prior to mplation of cause death?
R	The ate h	Con								101	as 2016	10	Yas 2 No
Vital	Physician: The iav this certificate has rai director, page 2	Be	25. Was casa refarred to med axaminar?	Hoenital:				Other		th (Check only o			
of	Phys rai di	on: To	1 Yes 2 No 27. Menner of Death 1 Natural 5 Pai	28a. De	□ Inpatient 2 sta ot Injury lonth, Day Year)	ER/Outpatie	of 28c.	njury at Work?		ome 5 Rasio			y)
Division	ner deati	Certification:	3 ☐ Suicida 6 ☐ Co	astigation uld not be armined 28a. Pla bu	aca of Injury - At ilding, atc. (Spe	t homa, farm, st		1 ☐ Yas 2	2 LI NO	28f. Location (S City or Tow	Straet and Num m, Stata)	ber or Rura	I Route Number,
U	Hospital 24 hours Funeral stely filled	edical ((Check only 2 Medi	fying Physician: To cal Examiner: On the	a basis of axami	nowledga, daat Ination and/or in	h occurred at th	a tima, date ny opinion,	a and place daath occu	, and dua to tha c rred at tha tima,	cause(s) and m	annar as si	tated. tha causa(s)
	To the Hospital within 24 hours. To the Funeral Completely filled	Med	29b. Signatura end title of cert	end m	annar statad.	11/11		ensa numb			29d. Data slone		
	6		30. Nema and address of pers	on who complated co	Busa of death /III	tam 23a) (Type,	Print)	034	dd	(101)	2/2	1/8	6
	Sto	to	Paul	U. Beo	LG V	no g	110/0	Elle	my	y boul	Lau	rafi	n6-20118
	Sta Registr		MAY 28 1996	Gura Da	Marion - Ma								



G-735 5/28/96 t.t

ITEM: 18. PER F'.H. F'ILM Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

15672

Physician	
/Medical	-
Examiner	

1. Decedent's Name (First, Middle, Last) SAMUEL A. SUGHAR 2. Data of Death Day MAY

3. Time of Deeth 0030Hrs. 1996

4a. Fecility Neme (If not institution, giva street and number) NORTHWEST HOSPITAL CENTER

4b. City, Town, or Location of Death

RANDALLSTOWN

4c. County of Death BALTIMORE

Funeral Director

r than "natural", or items 23a or the Medical Examiner must be

Hygiene.

permit. Pages 1 and 2 should be file Department of Heelth and Martial Hy Important: if Item 27 is marriad oth any liquy or other traumatic even once.

Physician

/Medical

Examiner

attending physician and for use as the buniel-transit deeth certificate be asscuted

certificate hes

After this funeral

filled in Hospital 24 hours

completely

I or Attendin efter deeth. Director: Aft

To the Vithin 2

Box 68760.

P.O.

Records,

Division of Vital

altimore, Maryland 21215-0020

Funeral

þ

2

Examiner

Physician/Medical

à

Completed

Be

2

Certification:

edical

Usual Residence of Decedent 10e. State MARYLAND Director

10c. City, Town or Location

Yrs

7. Age (In yrs. lest birthdey)

95

8. Dete of Birth (Month, Dey, Year) MAR. 3,1901

 Birthplece (State or Foraign Country) MARYLAND

10b. County

5. Sociel Security Number

214-01-1086

BALTIMORE

BALTIMORE

10d. Inside City Limits 1 ☐ Yes 2 XNo

10e. Street end Number

6. Sax 16 M 2 ☐ F

10f. Zip Code 21215

SHIPPING CLERK

10g. Citizan of What Country?

USA

6932 MILBROOK PARK DR., APT. 2-C 11. Meritel Stetus

12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☐ Xio Yes, Give

Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.)

if Under 1 Year If Under 24 Hrs.

Months Deys Hours Min.

Deys

14. Race - Amarican Indian, Bleck. White, etc.

1 Nevar Married 2 Married 3 Widowed 4 Divorced

Yeer or Datas: 15. Decedent's Education

1 ☐ Yes 2 ☐ No Specify:

Specify. WHITE 16b. Kind of Business/Industry

(Specify only highast grade completed) Elementery/Secondery (0-12)

College (1-4or 5+)

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

HUTZLER BROS. DEPT. STORI

11 17. Fathar's Neme (First, Middla, Last)

18. Mother's Neme (First, Middle, Malden Sumeme)

PHILIP

SHUGAR

SARAH

UNKNOWN ZERESWITZ

19e. Informent's Neme/Reletionship (Type, Print)

MRS. IDA N. SUGHAR (WIFE) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 21215 6932 MILBROOK PARK DRIVE, APT. 2-C BALTIMORE, MD

20e. Method of Disposition

1 Burial 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Othar (Specify)

20b. Place of Disposition (Neme of cematary, cramatory or othar place) BETH ISAAC ADATH ISRAEL 5-26-1996 BALTIMORE, MD

20c. Location - City or Town, Stete

21. Signeture of Funarel Sarvice Licensee

22. Nama and Addrass of Facility

SOL LEVINSON & BROS., INC.

8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208

23a. Pert1. Enter the disaase, or complications that causad the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest shock, or heart feiture. List only one cause on each line.

Approximata Intervel Between Onset and Deeth

Immediete Ceuse (Finel diseese or condition resulting in death)

CONGESTIVE CARDIOMYOPATHY Dua to (or es a consequence of)

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last

Dua to (or es e consequence of)

Dua to (or es e consequance of):

Pert It. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert It.

FAILURE, ANEMIA

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown

24e. Wes en eutopsy

24b. Wara autopsy findings available prior to completion of ceuse of deeth?

1 ☐ Yes 2 PNo 26. Piece of Deeth (Check only one)

1 Yes ZONo

25. Wes casa referred to medical examiner? 1 Yes 20 No

27. Manner of Deeth Neturel

5 Pending Investigation

6 Could not be determined

1 🗹 Inpatient

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

2 ER/Outpatient 3 DOA 28b. Time of

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Routa Number, City or Town, State)

29e. Certifier (Check only one)

2 Accident

3 ☐ Sulcide

4 Homicide

12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signeture end title of certifier

29c. Licensa number 333

MD 21133

29d. Dete signed (Month, Dey, Year) MAY 24, 1996

30. Neme and address of person who completed ceuse of deeth (Item 23e) (Type, Print) . RAVI MD, RANDALISTOWN

Hospitel:

31. Dete filed (Month, Dev. Y2r) 8

Registrar

32. Pegervar dignature Randell

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

				Centiti	cate of	Death		Reg. No.	
	Di		Decedent's Neme (First, Middle, Lest)				2. Dete of De Month	eath Dey	3. Time of De
	Physic /Medi		JOSEPHINE FRAN	1 CES	5 "	MITH	MAY		996 12=40
	Exami		4e. Feclity Neme (If not institution, give street end number)		4	4b. City, Town, o	r Locetion of Deel	h 4c. County	of Deeth
			ER FALLSTON GENERAL	Hose	JAT,	FA	-LSTON	HA	25000
	Funeral		5. Sociel Security Number 6. Sex 7. Age (In yrs. las		Under 1 Yeer onths Deys	If Under 24 H	rs. 8. Dete of Bi		Birthplece (Stete or Fountry)
	Director		216-03-6000 1□M 2XF 79	Yrs.	initis Deys	Hours M	October	21, 1916	Maryland
b			Usuel Residence of Decedent						
Mar	the thou	_	10e. Stete 10b. County 10c. City,	Town or Location	n				10d. Inside City L
We	릨	cto	Maryland Baltimore Rose	dale					1 Yes 2
th th	0.2	Director	10e. Street end Number	10	of, Zip Code			10g. Citizen of	Whet Country?
th.	238	ä	5419 Cynthia Terrace		21206			United	States
Q Z1Z15-UUZU filed within 72 hours efter deeth with the Mandand	tel thygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	Funerai	11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces?	13. Wes I	Decedent of H	Ilspanic Origin?	(Specify Yes or No erto Rican, etc.))- 14. Rac	ce - Americen Indien, ck, White, etc.
offe e	2 2	五	1 Never Married 2 Married 1 Yes 2 12 No		res 2 No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
JOK Surs	200	by	3 ☐ Widowed 4 ☐ Divorced Yeer or Detes:		204110	Specify.		Specify	White
A I A I S- DUZU d within 72 hours ef	Deta	Completed	15. Decedent's Educetion (Specify only highest grade completed)	16e. Decedent's	Usuel Occup	etion	ndrina.	16b. Kind of B	usiness/Industry
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N D	Hygiene. ther than	5	7	Homem	naker			0wn	Home
Maryland d 2 should be file	_ 0 -	Be (17. Fether's Neme (First, Middle, Last)			18. Mother's N	ame (First, Middle	, Meiden Suman	ne)
old blu	i end Mantel I is marked of raumatic eve	To	Joseph Kwiatkowski			Fran	ces Slav	visnki	
sho	th end Mar 7 is marke traumatic		19e. Informent's Neme/Reletionship (Type, Print)	19b. Meiling Ad	idress (Street	and Number or	Rural Route Numb	er, City or Town,	, State, Zip Code)
- 600	= 22 =		Mrs. Constance M. Kozak/Daughter	400 F	Birchwo	ood Mano	r Lane	Belair,	Md. 21014
D	Item 2 other		20e. Method of Disposition 20b. Plea	e of Disposition	(Name of	ne)	Dete	20c. Location	- City or Town, Stete
Page	= 0		1 M Burial 2 U Cremetion 3 Li Hemovei from Stete	Lawn Ce		•	5/28/96	Raltim	ore, Marylan
Deficiency of the second of th	artmen ortant: Injury		21. Signature of Funeral Service Licensee Mark T. Zavoy					Daicin	ore, nary ran
ğ	SE FE		Mark T. Zaroyna			J. Ruck		¥898990000- 1140	W ALLEY D
		_		53	105 Har	ford Ro	ad Balt	imore, M	
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State of Maryland / Department of Health and Mental Hygiene

epartifient of	nealth and	Mental	nygiene
Certificate c	of Death		Reg. No.

2. Data of Death

Month

3. Tima of Death

Yaar

Physician /Medical Examiner

1. Decadent's Nama (First, Middle, Last)

MINNIE

Funeral Director

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Modical Examiner must be notified at death with pemit. Pagas 1 and 2 should be filed within 72 hours after to Departmant of Haalth and Mental Hygiona. If them 27 is marked other than "natural", or iten any Injury or other traumatic avant

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

buniel-transit that the death certificate be executed and P.O. Box 68760, attanding physician tha Aftar this certificate has been signed by funaral director, paga 2 should be detac Records, The lew requires Division of Vital To the Hospital or Attending Physician: eftar daath. I Director: Aft d in by tha fur within 24 hours of To the Funeral DI completaly filled in

SCHERR 4am MAY 24, 1996 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE CHERRYWOOD MANOR NURSING HOME REISTERSTOWN 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year)
DEC. 23,1911 MARYLAND 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign 1 □ M 2 1 F Months Days Hours Min. 84 Yrs. 215-03-5164 Usual Rasidanca of Decedan 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits MARYLAND BALTIMORE OWINGS MILLS 1X Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 11 INDIAN PONY COURT 21117 USA Funerai 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 No If Yas, Giva 14. Race - Amarican Indian, Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☐ No Specify: þ 3 Widowed 4 □ Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) College (1-4or 5+) SALESLADY HUTZLERS DEPT. STORE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be SIMON MINKOVE UNKNOWN **DENA** 2 19a. Informent's Name/Ralationship (Type, Pnnt) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MRS. SHARON SILVERMAN (DAUGHTER) 11 INDIAN PONY CT. OWINGS MILLS, MD 21117 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 5-26-1996-BALTIMORE, MD ADATH YESHURUN 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funeral Service Licenses 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death Immediata Causa (Final disease or condition rasulting in death) Sequantially list conditions, if any, laading to immadiate causa. Entar Undarlying Cause (Disaase or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Be Completed 2 No 1 Yas 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical 26. Placa of Daath (Check only one) 1 ☐ Yas 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mennar of Death 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) Medicai Certification: 28b. Tima of 28d. Describe how injury occurred Natural 5 Pending invastigation 1 Yas 2 No 2 Accidant 6 Could not be 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicide Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier 29b. Signatura and titla of certifier. 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of daath (itam 23a) (Type, Print) 31. Data filad (Month, Day, Yaar) 32. Ragistrar's Signatura State

DHMH 16 Rev 6/95

Registrar

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					partment of Health and Certificate of Death	Mental Hygiene	00 100/5			
	Physic /Medi		1. Decedant's Nama (First, Middla, Las	")	STRONG	2. Data of Daath Month Day MAY 26	Yeer 19.07.			
	Exami		4a. Facility Nama (If not institution, give 6000 SAMARITA	N HOSPITAL	BALTIMO	RE CITY.	y of Deeth			
	Funeral Director		5. Social Security Number 6. Se 247-18-5254 Usual Residence of Decedant	X 7. Aga (In yrs, last birthd	Months Days Hours Min		9. Mithplaca (State or Foreign South Carolina			
	within 72 hours after death with the Maryland ene. than "natural", or Nems 23s or 28s-f show he Medical Exercine must be notified at	Director	10e. Stete 10b. County Mary and 10e. Street end Number	10c. City, Town of Ba	Location Timore 10f. Zip Coda	10g. Citizen of	10d. fnsida City Limits 1 Yes 2 □ No What Country?			
	death wit	Funeral D	1343 Pentwo	12. Was Decedant Evar in U.S. 1	2/239 3. Was Decedant of Hispanic Origin? (if Yes, specify Cuban, Maxican, Pual	Specify Yes or No-	SA ce - American indien,			
0020	ural', or he	þ	1 □ Never Married 2 □ Married 3 Widowed 4 □ Divorced	1 ☐ Yes 2 M No if Yas, Giva Year or Datas:	1 Yas 2 No Specify:	Specific Spe	rck, Whita, etc. The gro			
21215-0020	is 1 and 2 should be filed within 72 hours after death with the Manylan of Health and Mental Hygiene. Item 27 is marked other than "naturel", or items 23s or 28s-f show other traumatic event, the Weddes Examiner must be notified as	Completed	15. Decedent's Edi (Specify only highest grad Elementary/Secondery (0-12)	a complatad) (G	ocedant's Usuai Occupation iva kind of work dona during most of wo a. DO NOT use ratified) MESTIC WOT	rking 166. Kind of B	side Home			
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	1 and 2 sh Health and em 27 is m		19e. Informant's Name/Relationship (7) Mrs. Barbaro 20a. Method of Disposition	Crosby 101	alling Addrass (Street end Number or A 4 Upnor Ro sposition (Nama of	Balto, Ma	c, Stata, Zip Code) 2/2/2 - City or Town, Stata			
Baltimore,	Page nent c ant: If ury or		1 Surial 2 Cramation 3 5 4 Donetion 5 Other (Specify)	Ramoval from Stata	odlawn	6/1/96 Bah	to. Co. Md.			
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Rec	has b	Completed	ATRIAL FIE	BRILLATION .		1□Yas 2⊠No	completion of cause of deeth?			
Vital	Physician: The this certificata ral director, pag	Be	25. Was case referred to medical axaminer?	1		ath (Check only ona)				
o	this aldi	To	1 ☐ Yes 2 No 27. Mannar of Death	lospital:		doma 5 ☐ Rasidance 8 ☐ Ott				
	Affeir Affeir fune	Certification:	1 Natural 5 ☐ Pending 2 ☐ Accident Invastigation 3 ☐ Sulcide 6 ☐ Could not be	28a. Data of Injury (Month, Day Year) 28b. Time Injury	y Work? M 1☐ Yes 2☐ No	28d. Dascribe how injury occur				
à	4.E # E		4 Homicida determined	28a. Place of fnjury - At homa, farm, building, atc. (Specify)		28f. Location (Street and Numi City or Town, Steta)				
-	To the House within 2 hours To the Completely filled	edical	29a. Cartifier (Check only one) 1 Certifying Physical Control Certifying Physical Certifician Physical Certifician Physic	ifcian: To the best of my knowledge, denar: On the basis of axamination end/or and mennar stated.	eath occurred et tha time, dete end plece Invastigation, in my opinion, death occ	e, end due to tha causa(s) and m urred at tha tima, date and place,	anner as steted. and dua to tha cause(s)			
)	To the comple	Me	29b. Signeture end titla of certifier	mp	29c. Licansa number	29d. Date signed (Month, Day, Year) May 26, 1996				
			30. Nama and addrass of person who co	mplated cause of death (Itam 23a) (Typ GODD SMNAR) TAT	De, Print) N HOSPITAL, B					

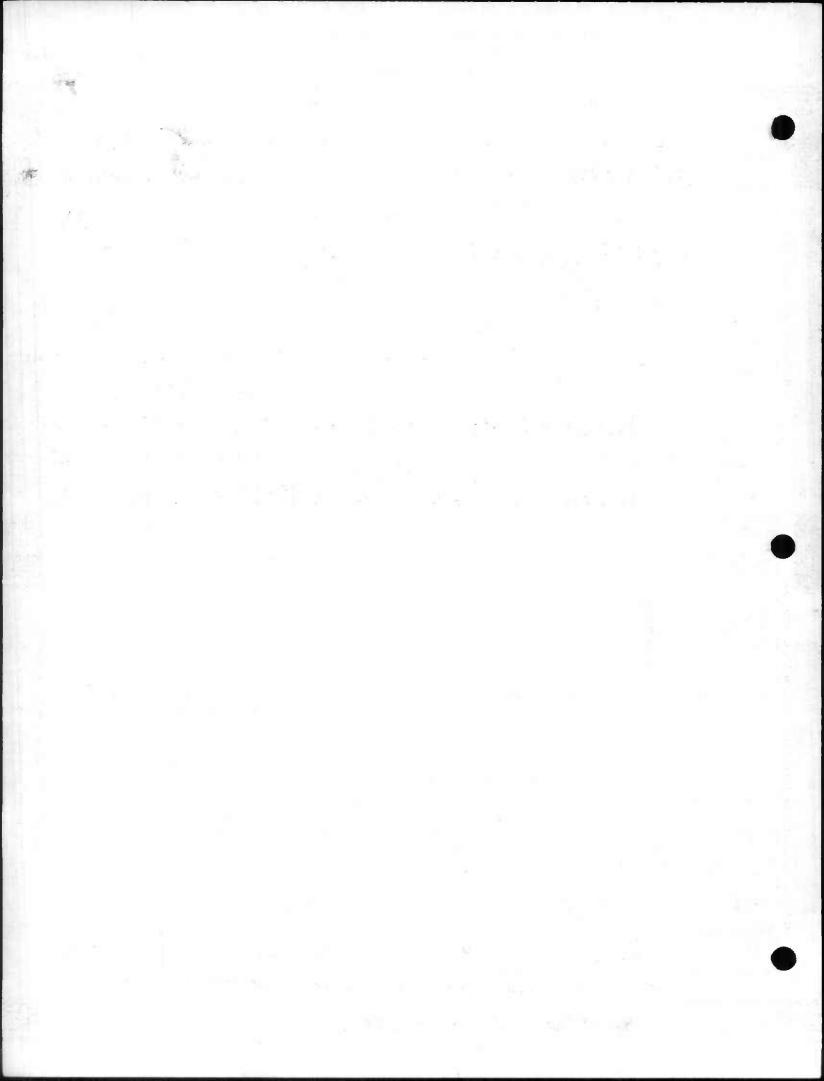
State Registrar

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31. Dete filed (Month, Day, Year)

32. Registrar's Signatura

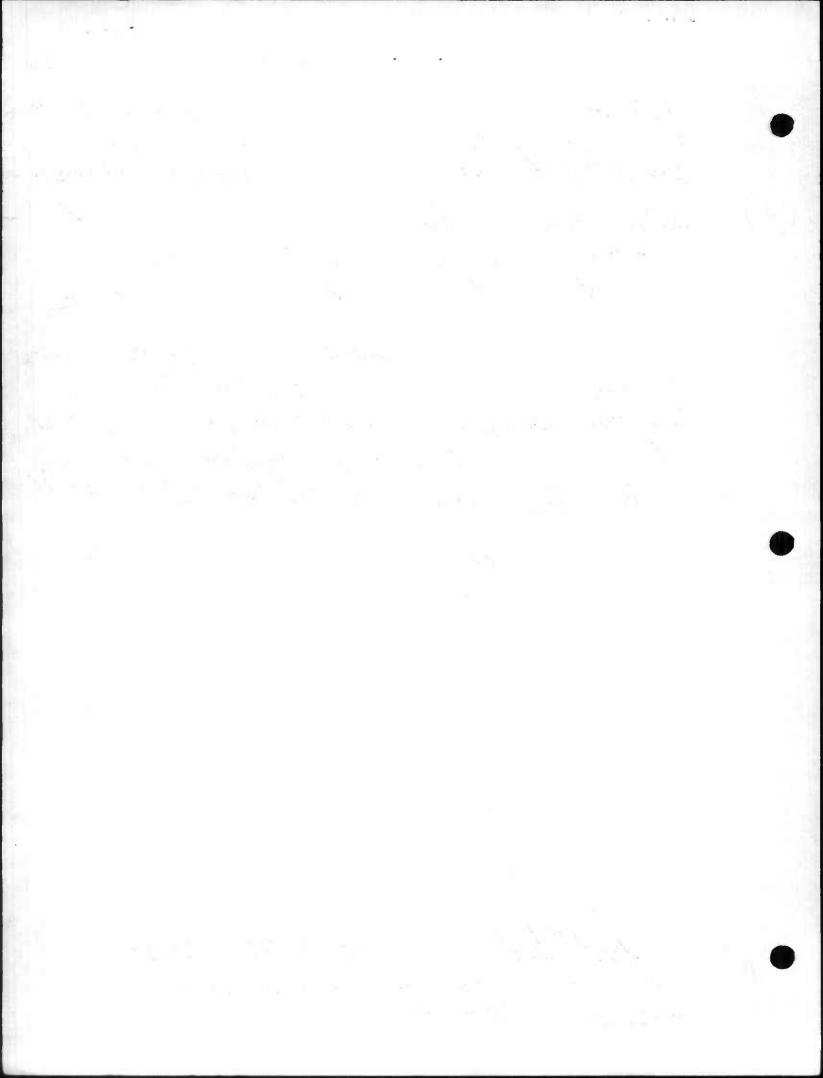
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	_		Decedant's Nama (First, Middle, Las.)	Certifica	te or beatir	2. Data of Dec	Reg. No.	3. Ti	ma of Death
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	urs after death with the Maryta sit, or items 23s or 28e4 sho Examiner must be notified at	Director	10e. Street and Number	- A.	10f. Z	ip Code		10g. Citizen of WI	het Country?	
	after death w or items 23a uniner must b	Funeral	11. Marital Status	12. Was Decedant Ever in U, Armed Forcas	S. 13. Was Dac	edant of Hispenic Origin? (Secify Cultan, Maxicen, Puar	Spacify Yes or No- to Ricen, atc.)	14. Raca Black	- Amarican Indi	en,
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ary	2 shou and M is man	-	19a. informant's Name/Raletionship (T)	111111	19b. Mailing Addra	ss (Street and Number on A	lural Route Number	or, City or Town, S	Stata, Zip Coda)	
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mog	8 ° = 5		11 Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	0	ametery, cremetory or	other place)	State	Finks	Luce	Md
Baltimore	permit. Pa Departmen Important: any injury ance.		21. Signature of Funaral Sarvice Licens	aa		nd Address of Fecility	es, J. 2.1-	unere	11/1	ne PA
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sion	Attending Phor death. Sctor: After the by the funeral	ation	1 ► Naturai 5 □ Panding invastigation	(Month, Day Year)	tnjury M	28c. Injury at Work? 1 ☐ Yas 2 ☐ No		, , , , , , , , , , , , , , , , , , , ,		W.I.A
Division	그를	Certification:	3 Suicide 6 Could not be datamined	28a. Place of Injury - At ho building, atc. (Specify	me, ferm, straat, facto	ry, office	28f. Location (S City or Tox	Street end Number m, Stata)	r or Rural Route	Number,
	Hospital 24 hours Funeral etely filled	edical	29a. Cartifiar 1 Certifying Physical Control (Check only one)	alcian: To the bast of my knowner: On the basis of axamination and mannar stated.	vladga, daath occurred lon and/or invastigatio	d at tha tima, data and place n, In my opinion, daath occ	e, and dua to tha curred at the time,	causa(s) and man data and place, ar	nar as statad. nd dua to tha ce	usa(s)
	To the within ? To the comple	Me	29b. Signature and title of certifier	1 1	29	c. Licansa number		29d. Data signed	(Month, Day, Ye	ear)
			Molls	non	1.	つうファス	8	5/23/9	16	
	10		30. Nama and addrass of parson who co Robert K. Roby,			treet Baltim	oro Md	21210		
ľ	Sta Registr		31. Data filed (Month, Day, Year)	32 Ragistrar's Signat		-1000 Bulerill	ore, riu.	41410		

DHMH 16 Rev 6/95

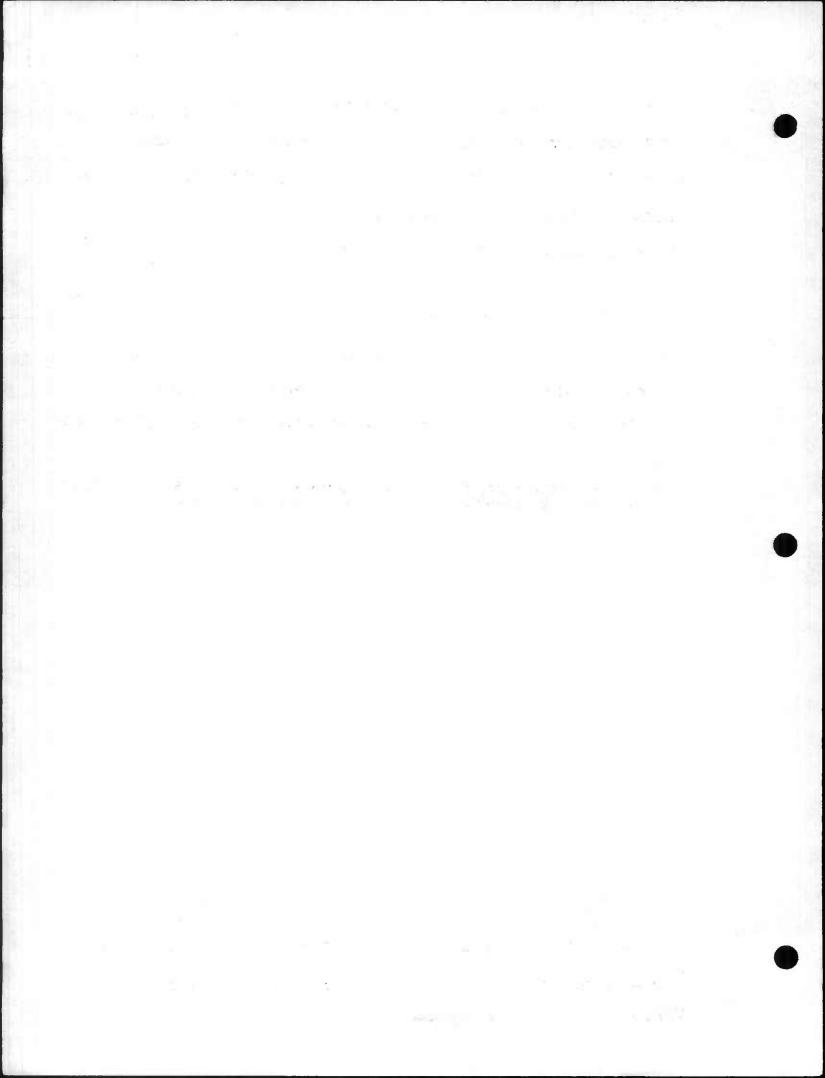


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State of Maryland / Department of Health and Mental Hygiene

96

						Cer	tificate	e of	Death			Reg. No.				
	10. E.	-1	1. Decedant's Nama (First, Middla, L	ast)							2. Data of D	aath	355	3. Tima of Death		
Physician /Medical Examiner			Marcy Educate			Steidtmann 4b. City, Town, or Lo					Month	7. 1996 2:		2:38 p.m		
													ity of Death	72.50 5.11		
	m.A.G.		500 Bramblewood	1 Drive-#10:	2			1	Abingo	don		Har	ford			
	Funeral		Social Sacurity Number 6.	Sax 7. Aga	(In yrs. last i	birthday)	If Undar		If Undar		8. Data of Bi (Month, D	irth	9. Birth	placa (Stata or Foraign		
	Director		213-26-5100	1□M 2ØF 66		Yrs.	Months	Days	Hours	Min.	Feb. 1	7.1930	Mary	placa (Stata or Foraigr ntry) Land		
	D		Usual Rasidance of Decedant													
	5-0020 72 hours after death with the Maryland natural; or Items 23a or 28a-f show disal Examiner must be notified at		10a. Stata 10b. County		10c. City, To									10d. Insida City Limits		
		Š	Maryland Harford		Ab	ingd	on							1 ☐ Yas 2∭ No		
	5 to	Director	10e. Street and Number				10f. Zip			_		10g. Citizen o	f What Cou	ntry?		
th will		500 Bramblewood	Drive-#102			2	100	9			u.s	. A .				
	officer dee	Funeral	11. Marital Status	12. Was Decedant E Armed Forcas?	var in U,S.	13. V	Vas Deced	ant of H	lispanic Or	igin? (Sp	ecify Yas or N	o- 14. R	ace - Amari			
0			1 ☐ Navar Married 2 ☐ Married	1 ☐ Yas 2 ☑ No	0						Rican, atc.)		lack, Whita,			
02	n 72 hours after natural', or i	by	3 ☐ Widowed 4 反 Divorced	If Yas, Giva Yaar or Datas:		1	☐ Yas 2	Ki No	Specify:			Spec	eify: (vhite		
2	d within 72 ho jene. r than *natur r wedical	Completed	15. Decedant's E	ducation	16	a. Deced	ant's Usual	Occup	ation	t of work	ina	16b. Kind of	Businass/In	dustry		
2	S	ple	(Specify only highast gi Elamentary/Secondary (0-12)	Collaga (1-4or 5+	H)	lifa. D	O NOT us	e retire	during mos d)	i or work	u y					
2	filed with Hygiene. ther ther	0	12th	0		ecep	tioni	st				Serv.	ice			
2	0 = 0	Be	17. Fathar's Nama (First, Middla, Las	t)					18. Moth	ar's Nam	a (First, Middle	a, Maidan Sum	ama)			
/a		To	William Guy Boylo	ın					Anna	Eli	zabeth	0'Hara				
<u>e</u>	d 2 should th end Mer 7 Is marks traumatic		19a. Informant's Name/Ralationship	(Type, Print)			_					ber, City or Tow		Coda)		
Σ	E - 0 -		Tam Emerick/Son		3	735	Gibbo	ns i	Avenu	e-Ba	ltimore	2, Mary.	land	21206		
ē	f Heelt fem 2 other		20a. Mathod of Disposition		20b. Place	of Dispos	sition (Nam	a of	cel		Data	20c. Location	n - City or T	own, Stata		
Ĕ	Pages nent of ent: If R		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☑ Donation 5 ☐ Other (Speci			.u.y, orom	atory or on	riai piai	,	1						
	permit. Pa Departmen Important: Inny injury ance.		21. Signature of Furnish Service Lice Ronald			22.	Nama and	d Addre	ss of Facili	tv		- 01	,			
ñ	Per Per Per Per Per Per Per Per Per Per		Ronald	S. Wade, I	ur.							. Balti	more	Street		
			220 Bhat Enter the disease or one	William that assumed	the death D						1 2120			Anna dana		
			23a Purt Enter the disease, or con hock or haart failura. List only	ona causa on aach line	a.	o noi anta	ir tha moda	a or dyir	ig, such as	carolac	or raspiratory a	arrest,	1	Approximata Intarval Between Onset and Death		
	Physician /Medical		Immediate Cause (Final			,		,					1	Oriset and Death		
	Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)	a. Chronic	- obs	m(h've	My	19 L	1750	ase		<u> </u>			
		<u></u>			Dua to (or as	a consequ	uance of):		_				I I	1		
	ed isit	- Li		b. Bronch	eal	AST	hme	2						6 415.		
	and end il-trar	Examiner	Sequantially list conditions, if any, laading to immadiate	Dua to (or as a consequance of):									İ			
68760,	eeth certificate be executed ettending physician end for use es the burlat-transit									i						
0	phys the	Medical	that Initiated events resulting in death) Last	D	ua to (or as a	a consaqu	ance of):						į			
×	ding ding se es		L	d									į			
9	es that the deeth cer igned by the ettendin be deteched for use	Physician											1			
7. Ö.	The law requires that the deeth ate has been signed by the etter page 2 should be deteched for a	yslo	Part fi. Other significant conditions	contributing to death but	t not rasulting	In tha un	darlying ca	usa giv	an in Part	l.	23b. Dld	tobacco use	ontribute t	o the cause of death		
7.	d by		Cardiomyo	DAHM CO	maenti	we b	reart-	fa	illure		10	Yes 2 No	3 □ Pro	bably 4 Unknow		
Š	res ti signe	by	0		7190500	1		-}			130.00		1			
5	v require been si should	ted										s an autopsy ormad?	a\	ara autopsy findings allabla prior to		
O O	hesb be2st	ple												mpletion of causa daath?		
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Division of Vital Records,	Attending Physician: or death. ector: After this certific by the funeral director.		27. Manner of Death	28a. Data of Injury (Month, Day	/ 28b	. Tima of		Bc. Injur Wor				how injury occ		21		
ō ·	ath. r: Aft	atio	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant Invastigation		rear)	Injury	М		Yas 2	No						
	Afte octo by tt	He	3 ☐ Suicida 6 ☐ Could not be datarmined	28a. Place of injur	ry - At homa,	farm, stra	et, factory,	office					n <i>ber or Rur</i>	al Routa Number,		
5	of Dir	Certification:	4 Homicida	building, atc.	(Specify)						City or 10	own, Stata)				
	To the Hospital or Attending Physician: within 24 hours elfer death To the Funeral Director: After this certific completely filled in by the funeral director,	aic	29a. Cartifiar 1 Certifying Pl	nysician: To the bast of	my knowled	ge, death	occurred a	it tha tin	na, data an	d place,	and dua to the	cause(s) and	mannar as s	tated.		
	P Fu	edical	(Check only one) 2 Medical Example (Check only one)	miner: On the besis of a	axamination a	and/or inv	astigation,	in my o	pinion, daa	ith occurr	red at the tima,	, date and place	e, and dua t	o tha causa(s)		
1		×	29b. Signatura and title of certifiar	4			29c.	Licans	a number		T	29d. Data sig	ned (Month,	Day, Year)		
. '		ı	box400	BDD	PAREK	H M	0 1	1-6	8421	+		May -	16-91	/		
		-	30. Nama and address of person who		-				-							
				ND - 1908	HAR		-	AN	FAI	CST	ON M	10 2104	17			
	Sta	to	31. Data filed (Month, Day, Year)	9 32. Registrar		, 014		. 2	* / / /			17 -10	· ·			
	ાત Registr		MAY 28 1996	. a Vavelson	Manda 00											



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State of Maryland / Department of Health and Mental Hygiene

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					Certificate of	f Death		Reg. No.	20	100/0	
		1. Decedent's Name (First, Middla, I	.ast)				2. Dete of D	eeth	Veneral Property of the Proper	3. Time of Death	
Physi /Med		CARRIE	Μ.		SCOTT		Month MAY 2	24, 19	96	1:30 PM	
Exam		4e. Facility Name (If not institution, g		•		4b. City, Town, or L	ocation of Dee	-	ty of Death		
		ST. JOSEPH M	EDICAL (ENTER		TOWSO			LTIMO	RE	
Funera Directo		5. Sociel Security Number 6. 258-22-1274 Usuel Residence of Decedent	Sex 7.7	Age (In yrs. last birth	day) If Undar 1 Yae Months Days		8. Date of Bi (Month, D AUG • 2	irth ay, Year) 2,1929	9. Birthple Count GEC	ece (Stete or Foraign lry) DRGIA	
yland		10a. Stete 10b. County		10c. City, Town	or Location		_		10	d. fnside City Limits	
Mar February	tor	MARYLAND N/A			BALTIMO	ORE				1 Yes 2 No	
h with the 23a or 26	Funeral Director	10e. Street end Number 2418 GUILFORD	AVE.		10f. Zip Code 212	218		10g. Citizen o		ry?	
A 14. 13-004.0 d within 72 hours after death with the Manyland jelen. The Medical Exeminer must be notified at	þ	11. Maritel Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Deceder Armed Forcas 1 ☐ Yas 2 √ If Yas, Give ² Year or Detes	3?] No	13. Was Decedent of If Yes, specify Cu	ben, Maxican, Puerto	pecify Yas or N Rican, etc.)		ace - Amarica ack, White, e	etc.	
	Completed	15. Decedent's (Specify only highest g	Education	16a. C	Decedent's Usual Occi Give kind of work don	upetion	rina	16b. Kind of	Business/Indi	ustry	
- c - a	nple	Elementery/Secondary (0-12)	College (1-4o	r 5+)	life. DO NOT use retir	red)	,g				
your than	S		MA	T	EACHER					E CITY	
and 2 had yeared within a 1 and 2 should be filled within feeling and Mental Hygiene. The merked other than other traumatic event, the Mental Hygiene.	To Be	17. Father's Nama (First, Middle, Las WILLIAM HENR	•			18. Mother's Nam		e, Meiden Suma	ıma)		
		19e. fnforment's Name/Relationship			Mailing Address (Stree	et end Number or Rur	ral Route Numi	ber, City or Tow	n, Stete, Zip (Code)	
1 and 1 Haelth em 27		SHARON QUEEN-	DAUGHTER		06 DENWOO	DD AVE. E	BALTO,	MD. 21	206		
0 0 0		20e. Method of Disposition Department		a cemetery,	Disposition (Nema of cremetory or other pl		Date 30. 19	20c. Location			
DEALKIIM permit. Peg Department Important: It any Injury o		21. Signature of Funeral Service Lice	91300	200	22. Neme and Add CALVIN	B. SCRUG	GGS FU	NERAL	HOME		
_		23a. Part1. Enter the disaesa, or co shock, or heert failura. List onl	nplications that cause	ed the death. Do no	t enter the mode of dy	PRESTON	or respiretory	BALTO,	MD.21	.213 Approximate	
Physician		shock, or heert failura. List onl	y one cause on eech	line. "						Approximate Interval Between Onset and Death	
/Medica	_	Immediete Ceuse (Final	ANOXI	C ENCEPI	HALOPATHY	7				2 DAYS	
Examine		disease or condition resulting in deeth)	a	Due to (or es a co					- 1	- DILLO	
	je l			Due to tol es a co	risequenca or,				1		
sxecuted and al-transi	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying									
requires that the death certificate be executed requires that the death certificate be executed even signed by the attending physician and hould be detached for use as the burial-transit	Medicai	Ceuse (Disease or Injury thet initiated avents resulting In death) Lest	C	Dua to (or as a consequenca of):							
attending for usa	Physician/M		l d								
that the death	ysi	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.						23b. Did tobacco use contribute to the cause of death?			
es that igned b	by Pi						1	Yes 20 No	3 □ Prob	ably 4 ☐ Unknow	
28 8	Completed k						24a. Was	s an autopsy ormed?	com	re autopsy findings itable prior to apletion of cause eath?	
The la	OH						10	Yas 2 No	10	Yes 2 No	
ysician: The s cartificata director, pag	Be C	25. Wes case referred to medical axaminar?				26. Pleca of Deat	h (Check only	one)			
Physician: this cartificral director,	To	1 Yes 2 No	Hospital: 1 X Inpat	tient 2 ER/Outp	atlent 3 DOA	thar: 4 Nursing Ho	oma 5□Ras	Idance 6 🗆 O	ther (Specify))	
Attending Ph or death. ector: Atter th by the funeral		27. Manner of Deeth 28a, Da		28a. Date of fnjury (Month, Dey Year) 28b. Time of Injury Month, Dey Year) 28c. Injury et Very Month, Dey Year) 28c. Injury et Very Month, Dey Year) 28d. Describe how injury occurred 28d. Describe how injury occurred							
Directo	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						28f. Location (Street end Number or Rural Route Number, City or Town, Stete)			
	edicai (29e. Certifier 1X Certifying P (Check only one) 1 Medical Exa	hysician: To the besi miner: On the basis and menner s	of examination and/	deeth occurred et the tor Investigetion, in my	time, dete and plece, opinion, deeth occurr	and due to the red et the time	cause(s) and r dete and place	nanner as ste , end due to	ited. the cause(s)	
O TO TO TO	M	29b. Signeture end title of certifier			29c. Licer	se number		29d. Date sign			
1		1 20	nn	-Ol	D	30263		05	-24-9	16	
		30. Neme and eddress of person who	completed cause of	deeth (Item 23a) (To							
0		FRANCIS KE				D. TOWSO	N. MAI	RYLAND	212	04	
9	ate	31. Date filed (Month, Dey, Year)		wis Randallo		_,				-	
Regis		WAY 28 1996	0								

Registrar

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Daeth 3. Time of Death Month Yaar **Physician** CHISLER 95 8-12 AM HRLETTA MAY 1996 /Medical 4e. Fecility Name (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** BALTI If Undar 24 Hrs. BALTIMORE HOSPITAL HARBOR TIMORE -ENTER If Under 1 Yaar 5. Sociel Security Number 7. Aga (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Year) Birthpieca (Stata or Foreign Country) **Funeral** Months Days 1 ☐ M 2 💢 F Yrs Director FEB 26,1930 212-26-1898 66 Maryland Usuei Residence of Decedent with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits itam 27 is marked other than "naturel", or items 23a or 28a-f show other traumstic event, the Medical Evantiner must be notified at 1 ☐ Yes 2 No Anne Arundel Glen Burnie Director Maryland 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 301 Oak Manor Dr. Apt. T-4 21061 USA Funeral Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 11, Meritai Stetus 14. Raca - American Indien, Black. Whita, etc. 1 Navar Married 2 Married 1 ☐ Yes X☐ No If Yas, Give 1 ☐ Yes 2 No 2 Specify: White 3 ₩idowed 4 Divorced Year or Dates: Completed 16e. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) Homemaker Home 12 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumeme) Be Charles Llewellyn Cross Mary Anna Conrad 0 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) Donald Kenwood Schisler/Stepson 1205 Lotus Ave. Glen Burnie, MD 21061 20e. Method of Disposition

1 Burial 2 Cramation 3 Removal from Stata 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn Cemetery 5/29/96 Woodlawn, MD 21. Signetura of Funerei Service Licansee 22. Name and Addrass of Facility
MacNabb Funeral Home, P.A. Seon George E. MacNabb 301 Frederick Rd. Baltimore, MD 21228 23a. Pert1. Entar tha disaese, or complications that caused tha death. Do not antar tha moda of dying, such es cardiec or respiretory erres shock, or heert feilure. List only one ceuse on each line. Approximete Intervel Batween Onset end Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Examiner DENOCARCINOMA I or Attending Physician: The law requires that the death certificate be executed after death.

Director: After this certificate has been signed by the attending physician and Sequentielly list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initieted events rasulting in deeth) Last Due to (or as a consequence of): Box 68760. attending physician for use as the buria ARVNGEAL Physician/Medical Dua to (or as a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. Division of Vital Records, P.O. ate has been signed by the page 2 should be detached 23b. Did tobacco use contribute to the cause of death? 1 Pres 2 No 3 Probably 4 Unknown ENTEROCOCCAL à 24b. Were autopsy findings aveilable prior to complation of cause of death? Completed 24e. Wes an eutopsy parformed? this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No funeral director, Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpatient 3□ DOA 5 ☐ Residence 6 ☐ Other (Specify) 28a. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigetion 1 Yes 2 No 2 Accident the 6 Could not be 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stele) 28e. Pleca of injury - At home, ferm, street, factory, offica building, etc. (Specify) 5 4 Homicide E 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the cause(s) end mannar es steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and mannar stated. 29b. Signature end title of certifier 29c. Licanse number 29d. Data signed (Month, Dey, Year) AS2441614-64 30. Name end eddress of parson who completed cause of deeth (Item 23e) (Type, Print) HARBOR HOSPITAL CTR. 3001, S. HANOVER ST BALTIMORE, MD

State Registrar DUKHPAL

31 Date filed (Month, Day, Yaer)

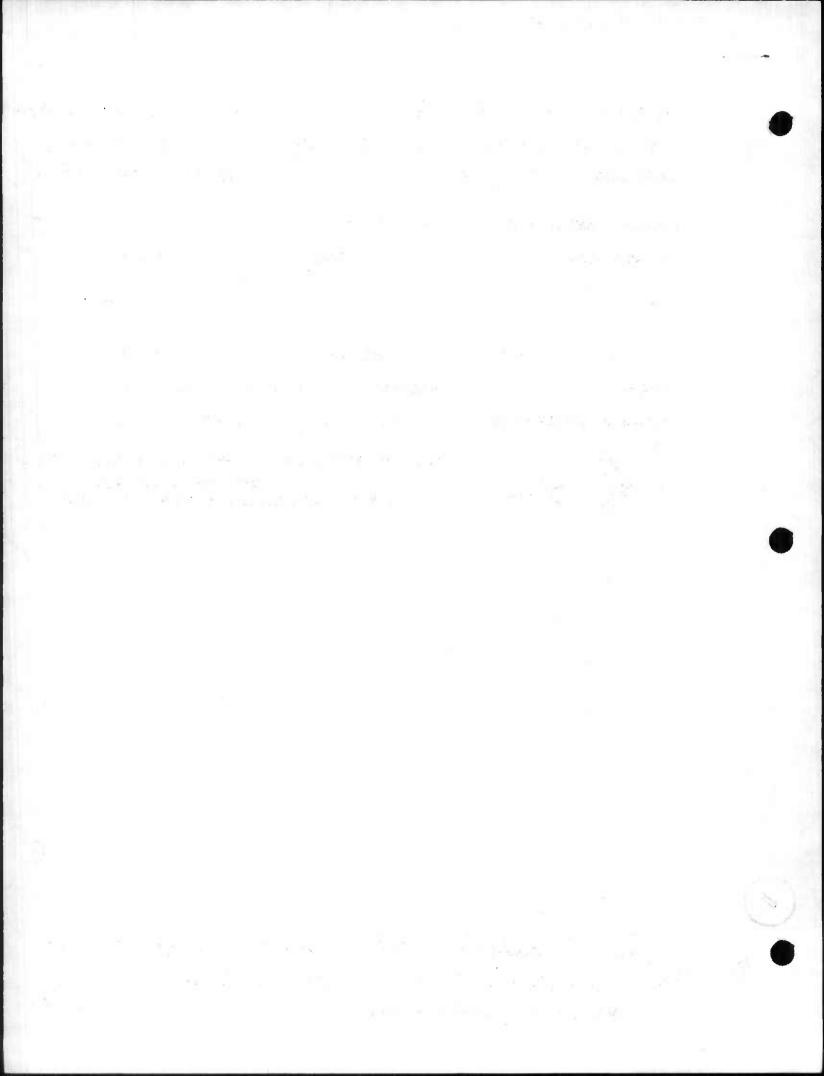
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SZ. Registrar's Signature

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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

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Physician /Medical	EMI		T	•		SEAI			M			1996	3. Tima of D 10:50	
Examiner		(If not institution, gi			РТТАТ			4b. City, Tow COLU		on of Deeth	4c. County			
Funeral Director	5. Social Security	Number 6.		7. Age (In yrs. 74		If Und Month	ar 1 Yaar s Days			Dete of Birth (Month, Dey, ar. 23			ece (Stete or F	Foraig
wo.	Usuel Residence 10a, Stata	of Decedent 10b. County		10c. C	ity, Town or L	ocation						10	d. Inside City	Limite
n the Merylen r 28s-f show notified at	MD	Howard			Colu	mbia							1 ☐ Yes 2	X No
th with the Meryland 23a or 28a-f show ust be notified at all Director	10e. Street end N 9076 W.	_{umber} ild Apple	2			10f. 2	ip Code 21045	5		10	0g. Citizen of \	What Count	ry?	
de ga		rried 2 Married	12. Wes Dece Armed Fo 1 Yes If Yes, Giv Yeer or Do	2 X No e				lispanic Origi en, Mexican, Specify:	in? (Specify Puerto Rice	/ Yes or No- an, etc.)	Blee	e - America ck, White, e	tc.	
led within 72 hours efter vyjere. ver than "natural", or its rt, the Mackal Examina Completed by Fui	(Specification)	15. Decedent's E ecify only highest gr condery (0-12)	Education		1	dent's Us kind of I DO NOT		eation during most o	of working		16b. Kind of B		ustry	
be filed d other event, the Be Co	17. Fathar's Neme	erguson			non	ieilan	er		's Neme (Fi		Maiden Sumen			
2 sho		Neme/Reletionship	(Type, Print) Daughter)		_		end Number Le, Co			City or Town, 21045	State, Zip	Code)	
permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other th		sposition Cremetion 3 [5 Other (Speci		Stete	Place of Disponentery, creestlawn	metory o	other plea	2	ay 8, 19		20c. Location - larriot			
permit. Pe Departmer Important: any injury once.	21. Signeture of F	unerel Service Lice	ansee	Breh	- N	itzk	e Fur	ss of Fecility neral Knoll	Homes		bia, M	D 21	045	
Physician //Medical Examiner private p	immediete Cause diseese or condit resulting in deeth Sequentielly list c	on	a. Acu	Due to (or es e conse	quenca o	f):					-	Onset and De	n,
certificete be nding physicie use es the bur n/Medical	Sequentielly list of any, leading to cause. Enter Unc Cause (Disease othet initiated evan resulting in deeth)	dertying or injury ts i Lest	o. Ch	Dua to (0	or as a consecutive steel):	-6, b & A	ille.	tun		S	everal Peron	7
that the death ad by the atter detached for u	Pert ii. Other sign	ificant conditions	contributing to de	ath but not res	sulting In the u	ındariyinç	causa giv	ren in Pert i.		23b. Did to	bacco use co	ntribute to	the cause of	death
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should should						_				24e. Wes en	n eutopsy ned?	con	re eutopsy find ilable prior to apletion of cau leeth?	
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tal or Attending Physics age of court. If Director: Atter this of led in by the funeral diffication: To Certification: To	27. Menner of Dee 1 Meturei 2 Accident 3 Suicide	oth 5 ☐ Pending investigation 6 ☐ Could not i	on he	of injury h, Dey Year)	28b. Time o injury	М		yet k? Yes 2 □ N	lo		ow injury occur			
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within 2. To the completely if	(Check only one)	2 ☐ Medicai Exa		sis of axamine										
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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

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			1. Decedant's Nam	a (First, Middle	, Last)						2. Data of De		Vaca	3. Tima of Death
	Physici		Agnes		STA	ANLEY					Month May 23	Dey 3.1996	Yaar	4:57 PM
	/Medi Examir		4e. Fecility Nama (i	If not institution,					4b. 0	City, Town, or	Location of Daat		of Death	7.37 111
4.	LAGIIII	ICI	Frankl	in Sau	are Hos	nital			N/	7		Balti	111	
-			5. Sociel Sacurity N		6. Sax		. lest birthday)	If Undar 1 Ya		Undar 24 Hrs	9 Date of Bir			lone (State or English
	Funeral		220-18-		1 □ M 2X F	68	Yrs.	Months Day		lours Min.	(Month, Da			plece (Stete or Foreign
	Director					0.0					Sept	9,1927	Mar	yland
	pu a		Usual Rasidanca of 10a. Stata	10b. County		10c C	ity, Town or Lo	ocation					1	Od. Inside City Limits
	the Merylen r 28a-f show nouted at	_	1000			1		Journal					1	1 ☐ Yas 2 🛣 No
	N TE	cto	Md	Falt	imore	N/	A							TILI TAS ZIZINO
	다 다 주 2년	Director	10e. Street and Nu	mber				10f. Zip Coda	а			10g. Citizen of	What Cour	ntry?
	72 hours eftar deeth with the Meryland natural', or items 23a or 28s-f show disal Examiner must be notified at	10	527 Sc	outhern	n Ave			2122	24			USA		
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	T 2 2	Ē	1 Nevar Marr	ied 2K Merrie	Armad Fo			If Yas, specify C	uben, N	Maxican, Puer	to Rican, etc.)	Bia	ck, Whita,	
21215-0020	rs ef	b	3 D Widowed		if Yes, Gi Yeer or D	va		1□Yes 2XIN	lo S	pecify:		Specif	v: Wh	ite
ö	72 hours natural',			15. Decedant'			19a Dooo	dant's Usual Occ	nunation			16b. Kind of B	unino andin	dunta.
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<u>s</u>	should be nd Mental marked c	2	lgnati	ous S	zymansk	L				Angel	ean Gos	stomski	L	
Maryiand	S D E E		19a. informant's Na	ame/Ralationsh	ip (Type, Print)		19b. Maili	ng Addrass (Stre	et and	Number or Ri	ural Route Numb	er, City or Town	Stata, Zic	Code)
	CENE		Kennet	h Star	nlev / h	nusban	d 52	7 South	her	n Ave	Balt	imore,	Md :	21224
ē,	- 2 5 5		20e. Mathod of Dis		4	20h	Blace of Dieny	action /Name of		1	Data	20c. Location		
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Ħ	nit. Pa vartmen ortant: Injury			5 ☐ Othar (Sp		Sa		Heart o			3/2/	Dait.	THOT	e, Md
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signatura of Fu	ınaral Servica L	icensaa		2	2. Name end Add	drass o	f Facility Fune	ral Ho	me of 1	Dund	alk
	₹0 = 6 d		Unti	Lony (olt Con	m.00.	V				Point :		222	u I I
			23a. Pert1. Entar to shock, or had	ha disease, or o	complications thet	caused tha day	Do not en				c or raspiratory a			Approximeta Intervel Between
	Physician			0	,	\	hi.	-1	. 1	1	2		1	Onset and Death
	/Medical		Immediata Cause disaasa or conditio	(Final		/	1 eu	10 11	15	West	make l	. hul	11.00	
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	nsit	n/Medical Examiner			b		uen	W 110	U	cura	cy m	and	<u> </u>	
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68760,	be a lclan burie	<u>a</u>	cause. Entar Unda Causa (Diseasa or	irlying Injury	c								i	
87	sate shys	dic	rasulting in daath)	Last		Due to (or es a consec	juenca of):						
9	ing i	Me											į	
SOX		an		`	0.									
	v requires that the deeth been signed by the ette should be detached for	Physicia	Pert II. Other signif	icant condition	s contributing to d	eath but not ra	sulting in tha u	ndarlying causa	givan Ir	Part I.	23b. Did	tobacco use co	ntribute to	o the cause of death?
P.0	the ach	hy										Yes 2□ No	3 Prol	
	the del	УР										100 100	0_,,,	bubly 422 officiality
Vital Records,	requires that the een signed by th nould be detache	Completed by									24e Wee	en autopsy	24h W	are autopsy findings
Ö	red modi	ete									perfo	med?	ev	allabla prior to impletion of cause
ec		d											of	daath?
<u>—</u>	ilclan: The lev certificate hes rector, page 2	5									10	Yas 2 No	10	Yas 2 No
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>	Physician: this certific ral director,	To E	axaminar? 1 ☐ Yas 2 ऻ ॔	No	Hospital:	Inpatiant 2	R/Outpetier	nt 3 DOA	Other		ioma 5 ☐ Rasi		or (Coopil	40
o	Phys r this aral di		27. Mannet of Deat				28b. Time o		_	4CI (4di Sililg 1	1	how injury occur		y)
Division	Attending r death. ector: After by the fune	Certification:	1 Natural	5 Panding		of injury th, Day Year)	Injury	V		2 🗆 No				
S	deat for: the	Ca	2 ☐ Accidant 3 ☐ Suicide	6 Could no	nt he	-61-1				20110	005 1	01		
<u>></u>	or Alter	ŧ	4 ☐ Homicide	datarmir	nad 28a. Place buildi	ng, atc. <i>(Spec</i>	nome, tarm, str ify)	reat, factory, offic	28		City or To	otreet and Numi vn, State)	er or Hura	al Routa Number,
				/ 1										
	Hospital 24 hours a Funeral itely filled	edical	29a. Certifier (Check only	1 Certifying	Physician: To tha	best of my kn	owledga, daati	occurred at tha	tima, c	data and place	, and dua to the	cause(s) and ma	annar as s	tatad.
	n 24	8	one)	A Medicalic	xaminar: On the b	ner stetad.	ation end/or in	vastigation, in m	y opinio	on, daath occi	irred at tha tima,	data and place,	and dua to	tha cause(s)
	vithin 2 To the comple	Σ	29b. Signature and	title of certifier				29c. Lice	nse nu	mber		29d. Date signe	d (Month,	Dey, Yeer)
				1/ 10/	MINIS	h		11	06	IR		5224	-91	0
9/				X / Pro	1,000		•		Y	1-1		0 -1	VY	
1	4 /		30. Name end add					· ·						
					-Mera, N		404 E	astern	Bl	vd B	altimo	ce, Md	2127	21
	Sta	te	31. Data filed (Mont	th, Day, Year)	32.	egistrano Sign	atura 70	200				,		
	Registr	ar	MA	100 13	70 7	kinn minda	See See 20							

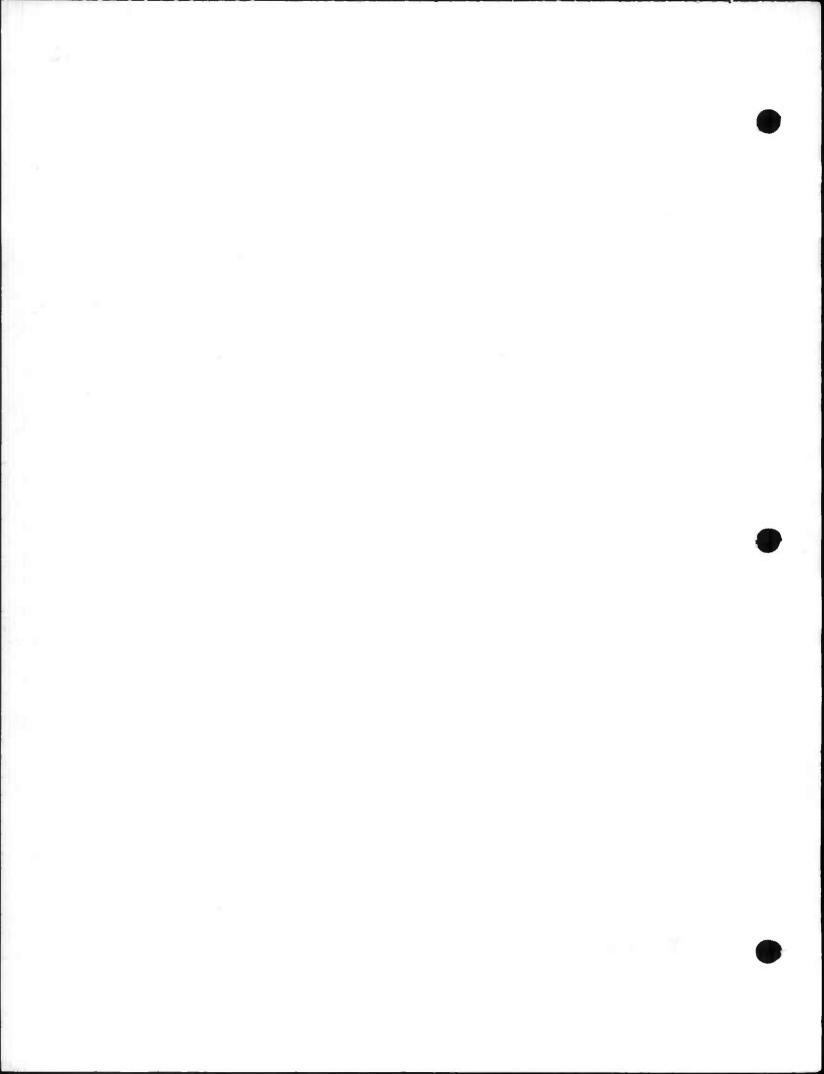
The state of the s

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

			90 1	3683
	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE		
0	REGISTRAR CERTIFICATE OF DEATH t. DECEDENT'S NAME (First, Middle, Last)	REG. NO.		
- 5	William Edward Tillman	2. DATE OF DEATH MONTH DAY	1996	3. TIME OF DEATH 345 A M
		7. DATE OF BIRTH		PLACE (State or Foreign
	NONE 1 M 2 - F YRS. MONTHS DAYS HOURS MIN.	Month, Day, Year)	Country	
	9s. FACILITY NAME (If not institution, give street and number) , 9s. CITY, TOWN OR LOCATION OF DEAT		c. COUNTY OF DI	
OR	Southern Maryland Hospital Clinton	[[rince 1	Jeorges
ECT	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY
DIRECTOR	Maryland Prince Georges Clinton			LIMITS?
	10e. STREET AND NUMBER 10f. ZIP CODE	1	10g. CITIZEN OF W	
FUNERAL	4807 Megan Drive 20735	5	USA	4
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC 1 Never Married 2 Married 12. WAS DECENDENT OF HISPANIC 13. WAS DECENDENT OF HISPANIC 14. WAS DECENDENT OF HISPANIC 15. ARMED 16. ARMED 17. WAS DECENDENT OF HISPANIC 18. ARMED 19. WAS DECENDENT OF HISPANIC 19. ARMED 19. A		No- 14. RACE Black	— American Indian, White, etc.
В	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	, , , , , , , , , , , , , , , , , , , ,	Specif	
	15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION	166. KIND OF BUSIN	ESS/INDUSTRY	Diani
E	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)	.1= 0.10		
MPI	NONE NONE	NOV	IE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) , 18. MOTHER'S NAME	E (First, Middle, Maiden Sur	mame) .	
BE	william ward wanda	Denise		ran.
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Pool 196. MAILING	ute Number City or Town, S	State, Zip Code)	. 20735
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION	DATE 20c, LOCAT	TION — City or Too	
	1 Burlet 2 Cremation 3 Removal from State 4 (2) Donation 8 Other (Specify)		,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROMALD 87 Wade, Dir. 22. NAME AND ADDRESS OF FACIL	Roand-455 I	U Ralt	imaka Straat
	Baltimore, Mar	uland 212	N. BUCCA	more screet
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such is			Approximate
	ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final			Onset and Desth
	disesse or condition			
	DUE TO (OR AS A CONSEQUENCE OF)			
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):			
ĔΙ	csuse. Enter UNDERLYING			į l
Ĕ	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	resulting In death) LAST			
- 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa	ert I. 24s. WAS AN AU	TOPSY 24b	WERE AUTOPSY FINDINGS
S		PERFORME	D?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
		1 YES 2 X	NO	OF DEATH?
N N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IN UNCERTAIN		_	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:			
YSI	1 YES 2 NO typetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8	Other (Specify)		
ᇤ	1 Netural 5 (Pandlag (Month, Day, Year) INJURY WORK?	28d. DESCRIBE HOW INJU	JRY OCCURED	
B	2 Accident Investigation NONE TES 2 NO	NONE		
	3 Suicide 8 Could not be 4 Homicide datarmined 29s. PLACE OF INJURY — At home, farm, street, factory, office building, art. (Specify)	281. LOCATION (Street and City or Town, State)	-	oute Number,
9	an errores t			
COMPLETED	CENTIFIER (Check only one) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the firm, data and place, and due to come one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the firm			and manner as stated.
	290. SIGNATURE NOTITIE OF CENTIFIER			
BE			STIZ	186
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		, , ,	τ τ
	Ernesto Gallardo, M.D. 7503 Surratts Rd	. Clinton	, Md.	20735
	MAY 28 1996		,	
	MIMI RU 1330 U			



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

15684

						Cel	TITICATE	OT I	Death			Reg. No.		
			1. Decedent's Neme (First, Middle,	Last)							2. Data of D Month	eath Dev	Yeer	3. Time of Death
	Physic /Medi		Cecilia M. Tho	rn							May		1996	9:00 PM
	Exami		4e. Facility Neme (If not institution,	giva street and n	um <i>ber)</i>			4	b. City, To	wn, or L	ocation of Dea		ty of Deat	th
			7026 Fieldcrest	Rd.					Balti	imor	е	N	/A	
Н	Funeral		5. Sociel Security Number 6	. Sax	7. Aga (In yrs	. last birthdey)	If Under 1 Y		If Under		8. Dafa of B (Month, D		9. Birt	hplece (Steta or Foreign
	Director		216-44-1855	1□ M 2፟፟ቚ F	50	Yrs.	Months D	ays	Houra	Min.	July 2	ey, Year) 7. 1945	Co	York
Н			Usuei Residence of Decedent								001) 2	,, 1010	11011	TOTA
	land		10e. Stete 10b. County		10c. C	ity, Town or Lo	cation							10d. Inside City Limits
	Man	to	Maryland N/A		T	Baltimo	re							1⊠Yes 2□No
	28e	Director	10e. Street end Number			Jarermo	10f. Zip Co	de				10g. Citizen of	Whet Co	puntry?
	with a second		7006 Ed. 11	D 1					0.1.5					
	eath	Funeral	7026 Fieldcrest		cedant Evar in I	IS 13 V			215 ispenic Ori	igin? (Sr	ecify Yas or N	USA	ce - Ame	erican Indien,
_	Hen Ingr	5	1 ☐ Never Married 2 ☒ Marrie	Armed F	orces? 2 🔀 No	1	f Yas, specify	Cuba	in, Maxicai	n, Puarto	Rican, etc.)	Bi	eck, Whit	
21215-0020	72 hours after death with the Maryland "natural", or items 23s or 28s-f show edical Examiner must be notified at	by I	3 ☐ Widowed 4 ☐ Divorced	If Yes, G	ive	'	1 ☐ Yes 2 🔀	No	Specify:			Spec	ity: Tall	nite
ş	tura	b	15. Decedent's			16e Decec	ient's Lisuel O	ccup	etion			16b. Kind of		
5	- 20	Completed	(Specify only highest	grede completed		(Giva	ient's Usuel O kind of work d DO NOT use re	one o	during mos	it of work	king	TOD: Talla OT	D00111000	modely
12	filed within Hyglana. other than o	E	Elementery/Secondery (0-12) 12 years	College	(1-4or 5+)		per Di					Baltin	nore	Sun
D	Hyge H		17. Father's Nama (First, Middle, La	est)		Mewspa	per Dr	511			e (First, Middle	e, Meiden Suma		Dull
an	S d ab	Be C	Harry Walsh								a Steg			
2	should b ind Ments marked	L 2	19e. Informent's Neme/Reletionshi	(Time Rint)		10h Maille	a Address /Ci	traat				ber, City or Tow	n Ctata	Zin Code)
Maryland	01 00 00 00				-1 1)									
	Haaith Haaith em 27 I		Joseph J. Thorn 20e. Method of Disposition	III (HUS		Piece of Dispo	Fieldc:		st Rd	. B	altimo:	re, MD	212	
0	Pagas 1 ar nant of Haa int: If Item 2 ury or other		1 ☑ Burlei 2 ☐ Cremation 3	☐Removei from	n Stete	cematary, cren	natory or othai	r piac		i			i - City of	Town, Stele
altimore,	Eman Famt:		4 Donetion 5 Other (Spe	city)	Wo	odlawn	Cemete	ry	·	1	5-28-96	Wood1	awn,	Maryland
Sal	permit. Pagas Department of Important: If It any Injury or one.		21. Signeture of Funerel Service Lie	ansee	0 1	I.O	Nama and A	ddres	ss of Facili	ty	1 Dire	ctors,	[no	
m	20599		John V	Vol.	74							stown, N		21133
п			23a. Pert. Enter the disaese, or construction or heart feilure. List or	omplications that	caused the dea								LD.	Approximeta
Į.	Physician		Should be the street of	ny one ceuse on	eech line.									Intervel Between Onsat and Death
d	/Medical		Immediete Ceuse (Finel diseese or condition	Ci	010	1	MAC		60					11 montos
и	Examiner		resulting in death)	θ	Due to	or es e consec	monos oti:	-	10 -					11 MONIN
		Jer			D09 (0)	(or es e corrseq	juenca or).							
	cartificata be axecuted ding physician and sa as the burial-transit	Examiner	Conventially list conditions	b. ———	Due to /	or es e conseq	neuce of.							
Ć,	cartificata be assecuted ding physician and sa as the burial-transit	Exe	Sequantielly list conditions, if eny, leading to Immediate cause. Enter Underlying		500 10 1	07 00 0 0011004	301100 017.							
68760,	a be	cal	that Initiated events	C	Due to (or as a conseq	uonee of):							
89	ficat g phy as th	/Medical	rasulting In daath) Lest		Dua to (or as a conseq	derice orj.							
Вох		M	•	d										
ă	that the death of the attented by the attented for u	Physician							1112		1 22 22			
o	tha d	ıys	Part II. Other significent conditions	contributing to	death but not re	sulting in the ui	nderlying ceus	e giv	en in Perti	l.		Λc		to the cause of deeth
م	as that i										1	Yes 21 No	3 🗆 P	robably 4 Unknow
ds,	5 5 6	d by									040 1440	V	24h	Were eutopsy findings
0	v require been si	etec										s en eutopsy ormed?		eveileble prior to completion of cause
3ec	BW 1s b	Completed										~		of deeth?
Vital Records,	Ta a	Co									1 🗆	Yes Dio		1 ☐ Yes 2 ☐ No
/ita	ysician: The is cartificata director, pag	Be	25. Wes case referred to medical axaminer?						26. Piece	e of Dee	th (Check only	one)		
Jo.	0 0	2	1 ☐ Yas 2 No	Hospitel: 1	Inpatient 2	ER/Outpetien	t 3□ DOA	Oth	er: 4□ Nu	ursing He	ome Res	idence 6 🗆 O	ther (Spe	city)
Q.	Jing Ph After th funeral		27. Menner of Deeth 1	28e. Dete	of injury nth, Day Year)	28b. Tima of Injury	28c.	Injun	y et k?		28d. Describe	how Injury occu	urred	
0	ath: A: Af	atic	2 ☐ Accident Investige	ion					Yes 2	No				
Division	or Attend after death Director:	ertification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determine	ad 288. Plac	e of Injury - At h	nome, ferm, str	eet, factory, of	fice				(Street end Num	ber or R	ural Routa Number,
5	al or s afte	Cer		50110	anig, oto. (opou							, , , , , ,		
	hour hour ly fills		29a. Certifier Certifying	Physicien: To th	e best of my kn	owledge, deeth	occurred et th	ne tim	ne, dete en	d place,	and due to the	ceuse(s) end n	nenner e	s steted.
	n 24 n 24 ne Fr	edicai	(Check only 2 Medical Ex	aminer: On the t	noer stated.	etion end/or inv	estigetion, in i	my o	pinion, dea	ith occur	red et the time	, date and place	i, and due	to the cause(s)
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune.	ž	29b. Signature and title 5 pertition				29c. Li	cans	e number			29d. Data sign	ed (Mont	h, Dey, Year)
			1	/ In.	^		2	3	11-10	11-		1/1	410	1.6
	17		30. Name and address of payson w	no completed car	Ouse of death (Ite	m 23a) (Tune	Print))	יט שין	9		0/0		1,0
	10	- 4	Shaller 24616	O MA	11 00	ODBS C	Anc	00	C 7	D N.	VIA	OWE	1.	2.141.5
	Sta	te	31. Dete filed (Month, Day, Yaw)	11	indiverse book		N.W.	VIL	30	410	- FW	VW U	VOV	VIII
	Sta Registr		31. Dete filed (Month, Day, MAY 2 8 1996	of war sou		Trail to the second						/	N) g	(11)
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dev Yeer **Physician** Linda TOMBLIN May 25, 1996 9:39 a.m. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Rossville Franklin Square Hospital Center Baltimore Months Deys Hours Min. 8. Dete of Birth Month Deys Hours Min. 0ct. 122, 1941 5. Sociel Security Number 9. Birthpiece (State or Foreign 7. Age (In yrs. last birthday) **Funeral** 1 M 2 XF West Virginia 236 66 6110 54 Yrs Director Usuel Residence of Decedent nit. Pages 1 and 2 should be filed within 72 hours after death with the Menyland amount of Health and Mentel hygiene. Carlot of Health and Mentel hygiene. Carlot 1 it is 27 is marked other than "natural", or items 23s or 28s-f show injury or other traumatic event, the Medical Examinor must be nothed at 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore 1 ☐ Yes 2 No Essex Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21221 U.S.A. 341 Homberg Avenue Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: Reca - American Indien, Bleck, White, etc. Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Housewife Own Home 8 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Clifford Farris Donna Ramsev 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 341 Homberg Avenue Essex, Md. 21221 Ira Tomblin (HUSBAND) 20b. Plece of Disposition (Neme of cemetery, cremetory or other) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Holly Hill Mem. Gardens 5/28/1996 Baltimore Co., Md. Department: If Important: If any injury or once. 4 ☐ Donetlon 5 ☐ Other (Specify) 21. Signature of Funeral Service Ligs Bruzdziński Funeral Home P.A. 1407 Old Eastern Ave. Essex, Md. 21221 unin Part1. Enter the disease, or complete shock, or heart failure. List only of cabortist and caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical Myocardial Infarction 4 hours Examiner Due to (or es e consequence of) Examiner Ischemic Heart Disease physiclen end s the burief-transit Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): 80 950 for Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. ed by the a 23b. Did tobacco use contribute to the cause of death? o ۵. 1 No 3 Probably 4 Unknown Esophageal Cancer Division of Vital Records, by 24b. Were autopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed peen Chronic Obstructive Pulmonary Disease hes 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Aspiration Pneumonia director, 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No After this 28a. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 5 Pending Investigetion Attending 1 XNeturel for Attending effer death. Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide nours 24 nours 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end pleca, end due to the cause(s) end menner steted. Medical 29a. Certifier (Check only one) \$ 29c. License number 29d. Dete signed (Month, Dey, Year) 29b. Signeture and title of certifier 0 ENEIN 0 D46656 5/25 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Dr. Samer Eldeiry

Registrar

31. Dete filed (Month, Dey, Year) MAY 28 1996

9000 Franklin Square Drive 32. Registrer's Signeture

Baltimore, Maryland

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						Cer	tificate of	Death		Reg	. No.		
	Physic	ion	1. Decedent'a Name (First, Middle, L	*						ta of Daeth	Day	Year	3. Time of Death
	/Medi Exami	cal	ERICA JACKSON T 4a. Facility Nama (If not institution, g	ive straet and number)					wn, or Location	ay	4c. County		4:55 AM
-	Funeral	Ī		Sex 7. Age	a (In yrs. last bii		If Under 1 Yaar Months Days			te of Birth onth, Day, Yo G . 2, 19		Coun	laca (State or Foreign
	Director		Usuel Residence of Decedent	1UM XUF 25)	Yrs.			AU	G.2,19	970	WEST	"VIRGINIA
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	th with the 23a or 28a	Funeral Director	10e. Street and Number 407 JEFFERSON ST	REET			10f. Zip Code 2 1 7 4	40			U. S.		try?
21215-0020	filed within 72 hours after deeth with the Meryland Hyglene. ther than "netures", or items 23s or 28s-f show brt, the Maxical Examiner must be notified at	by	11. Marital Status 1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant E Armed Forces? 1 Yes 2 A If Yes, Give Yaar or Dates:		if	Vas Decedant of Yes, specify Cub ☐ Yes 2☑ No	oan, Maxican	in? (Specify Ye Puarto Rican,	etc.)		ck, White, e	etc.
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Baltimore,	00 -		20a. Method of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Spec		20b. Placa o cemeta	f Dispos	sition (Name of natory or other pla CEMETERY	ice)	5/23	200	c. Location	- City or To	wn, State
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	9		30. Name and address of person who	completed cause of de	eth (Item 23a)	(Type, F	Print) HAS	EN	mon	171	7 2/	14	_
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hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

1 -

DIRECTOR

BY FUNERAL

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

2 Accident

19a. INFORMANT'S NAME (Type/Print)

Donation 6 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

20e. METHOD OF DISPOSITION
1X Burlel 2 Cremetion 3 Removal from State

Wilson (Daughter)

Sandy L.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at must be examiner completely filled in by the rial, cremation, or removal. medicai event, the HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within the attending physician and com Mental Hygiene prior to burial, other traumatic 6 injury, and any this certificate has been signed with the State Dept. of Health a shows a 23 0 marked, DIRECTOR: After the hours after death with them 28 is mark TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2

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FOR STATE REGISTRAR		STATE OF I	MARYLAND / CE	DEPAR RTIF	TMENT CATE	OF H	EALTH DEAT	AND I	MENTAL HYGIENI REG. NO.			
1. DECEDENT'S NAME (First,									2. DATE OF DEATH	,	VEAR	3. TIME OF DEATH
Charles W	Iillian	1 Wil	son						May 21	1	996	4:04 p. M
4. SOCIAL SECURITY NUMB 233-36-7952		5. SEX	8. AGE (In yrs. lest	VRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 3. 19	927	Count	HPLACE (State or Foreign ry) St Virginia
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			96. CITY, 1	OWN C	R LOCATIO	ON OF DE	ATH	9c. COU	NTY OF C	
243 Trapp	e Road				Dun	.dal	k			Bal	timo	re
RESIDENCE OF DEC	EDENT				•							
10a. STATE	10b. COUNTY			t0c. CITY	, TOWN OR	LOCAT	ION					tod. INSIDE CITY LIMITS?
Maryland	Balt	imore		Du	ndalk							1 TYES 2 NO
10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
243 Trappe	Road						2122	2		Unit	ted s	States
11. MARITAL STATUS		12. WAS DECEDEN	YES 2 N						NC ORIGIN? (Specify Yes	or No-	14. RAC	E American Indian,
1 Never Married 2 3 Widowed 4 Divo			MAR OR DATES				2 NO	n, Maxica Specify	n, Puarto Rican, etc.) y:			k, white, atc. White
	EDENT'S EDU		(Gi	ve kind of w	USUAL OCC			g	16b. KIND OF BUS	INESS/IN	DUSTRY	13/4
Elementary/Secondary (0)-12)	College (1-4 or 5	+) life.	Do NOT us	e retired.)							
7 years			Sa	teelu	orker	L			Steel			
17. FATHER'S NAME (First, M	liddle, Last)						16. MOTE	IER'S NA	ME (First, Middle, Maiden	Surname)		
William	М.	Wilson					Dai	sy I	Lilly Ayers			

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreet, shock, or heart failure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** disesse or condition resulting in deeth) OBSTRUCTUE PULMONMY DIJENJE 5 40415 CHROVIC DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in desth) LAST PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO CANCER

243 Trappe Road

20b. PLACE AND DATE OF DISPOSITION (Name of

Glen Haven Cemetery

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES MO UNCERTAIN U 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

t YES 2 HO

POYSIG

BILT

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

22. NAME AND ADDRESS OF FACILITY

Dundalk.

DATE

5/25/96

Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Maryland 21222

24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Approximate

HOSPITAL: OTHER:
4 □ Nursing Home 5 Residence 8 □ Other (Specify) 1 YES 2 NO t | Inpatient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK?

1 YES 2 NO 27. MANNER OF DEATH 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER (Chack only Chack only PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

5/22/96

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

21224

Maryland 21222

20c. LOCATION — City or Town, State

Glen Burnie.

(Check only one) 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as steted. 29b. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

	V		W -	110	X							
30.	NAME	AND	ADDRESS	DI PERS	OH WHO	COMPLETED	CAUSE OF	DEATH	(ITEM	27)	(Туре,	Print)

, 4940 . ENJEWY 145 SIMIFAN

Julie Beriden Martiel

MA

LILLIAM

31. DATE FILED (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene

Cartificate of Death

15689

		1. Decedant's Nama (First, Middla,	(ast)			rimouto c	of Death	2	Data of Dea	Reg. No.		3. Tima of Death
Physic /Medi		JOSEPH		WAF	Q5			W	Month	22nd	1996	5:25 A
Exami	ner	4a. Facility Nama (If not institution, Church Hospital		imber)			Bal	wn, or Locati timore		N/		
Funeral Director		246-16-2036	6. Sax 1 🛣 M 2 🗆 F	7. Aga (In yrs. 85		If Undar 1 Ya Months Da		Min. Ja	Data of Birt (Month, Day 3.0 • 4	, ⁷ 1 911	9. Birthpl Count N. Ca	laca (Stata or Foraig try) arolina
show	2	Usual Rasidance of Decedant 10a. Stata 10b. County Maryland N/A			y, Town or Lo						10	0d. Insida City Limits
Lbe nottil	Funeral Director	10e. Street and Number 1835 N. Aisquith	Street		LICIMOL	10f. Zip Cod 212				10g. Citizan of United		try?
ntal Hygiene. d other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at	by	11. Marital Status 1 Navar Married 2 Marria	12. Was Deci	2∏No va		Was Decedent of the Vas, specify C	of Hispanic Orl Juban, Maxican	gin? (Specify , Puarto Rica	Yas or No- an, atc.)		ce - Amarica ck, Whita, a	an Indian, atc.
plena. er than "natur: . the Medical .	Completed	15. Decedant's (Specify only highast Elementary/Secondery (0-12)	Education grada complatad) College (*		(Giva lifa.	dant's Usual Oc kind of work do DO NOT usa ra aborer	cupation na <i>during mos</i> tired)	t of working		16b. KInd of B		
and Mental Hygis a marked other numetic event, to	To Be	17. Father's Nama (First, Middle, Li John Ward	ast)					or's Nama <i>(Fi</i> rothy		Maiden Sumai ng	na)	
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0		20a. Mathod of Disposition 1 ☐ Buriai 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe		State	cematary, crei	osition (Nama of matory or other orial P	place)		ata 3–96	20c. Location Randal		
Department Important: It any injury o		21. Signatura of Funaral Sarvice Li	cansee	Opp	M	2. Nama and Ad arch Fu	neral h	lome	, Bal	timore,	MD 2	1202
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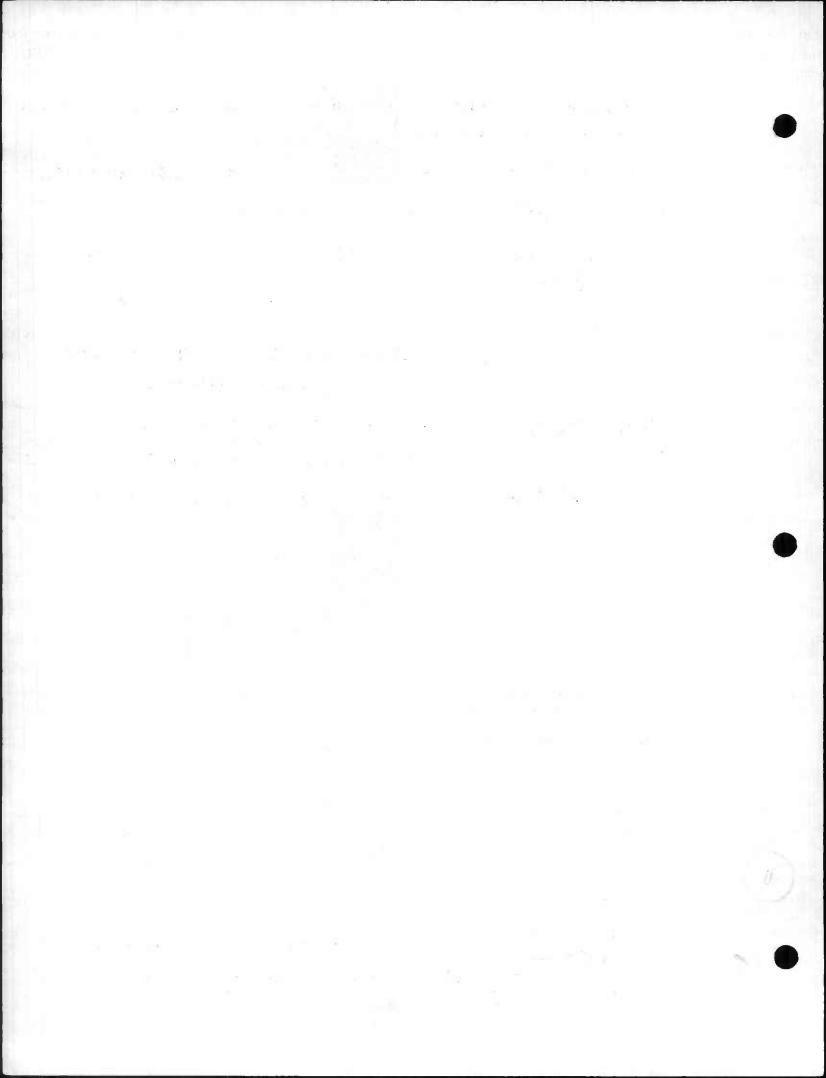
State Registrar

31. Data filad (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene

						_	Citimot	ILC OI	Death			Reg. No.			
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Funeral Director		5. Social Sacurity Number 244-37-553 Usual Residence of Deced	3	Sex 1□M 2127	7. Aga (In)	yrs. last birthd 31 Yrs	Month	ar 1 Yea s Days		24 Hrs. Min.	8. Deta of B (Month, D NOV • 2	irth Pay, Year) 20,1964	9. E	Birthplace Country ILSON	(State or Foreign N CO., NC
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State of Maryland / Department of Health and Mental Hygiene

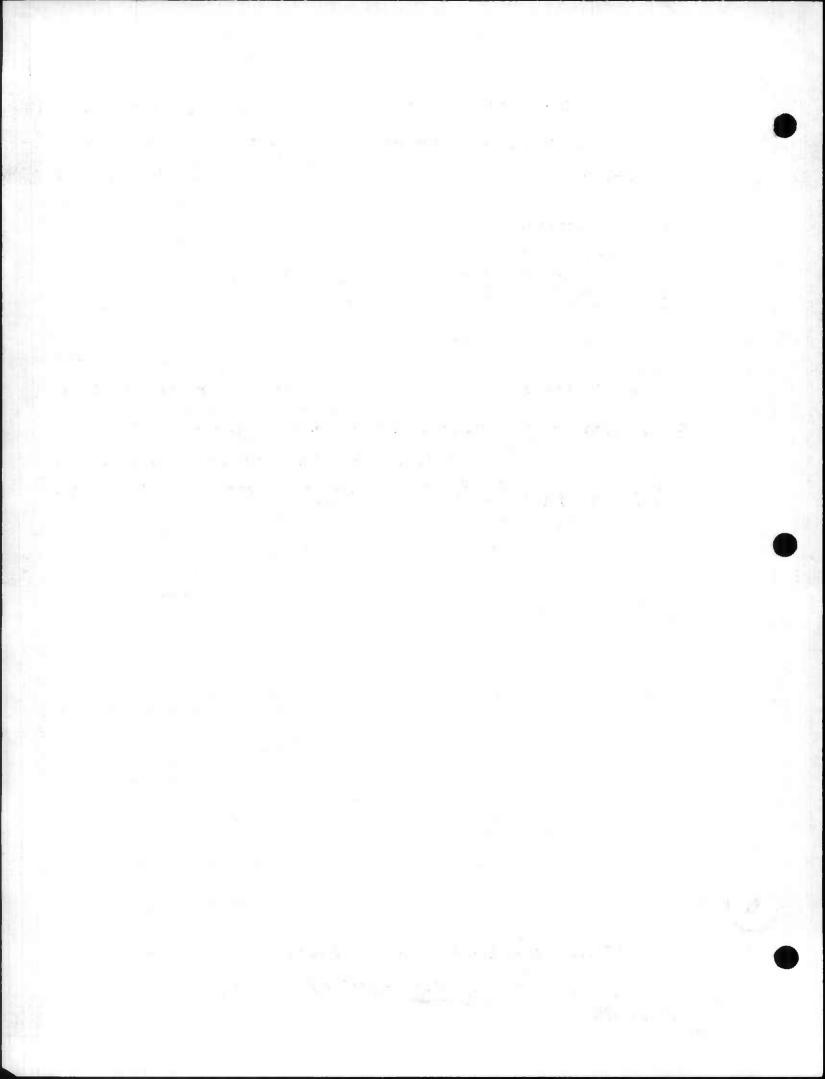
15691 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth **Physician** Month MAY Dey Edna Lee Wagner 23 1996 4:05 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Genesis Eldercare - Cromwell Baltimore Baltimore 7. Age (In yrs. lest birthdey) If Under 1 Year if Under 24 Hrs.

Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) June 12, 1916 Virginia 5. Sociei Security Number Birthplece (State or Foreign Country) **Funeral** 1 M 2 KF 220-01-1360 79 Director Usual Residence of Decedent the Meryland 10a, Stete 10c. City, Town or Location tem 27 is marked other than "natural", or items 23a or 28=4 show other traumatic svent, the Medical Examiner name on notified at 10d. tnside City Limits Director 1 Yes 2 No Maryland Baltimore Parkville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21234 2810 Garnet Road USA Funera 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 72 hours after 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. College (1-4or 5+) Elementary/Secondery (0-12) Seamstress Clothing Industry permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy, Important: If flem 27 is marked othe any injury or other traumatic svent, once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Joseph Cruev Daisy Virginia 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Betsy Wagner Hertzog/daughter 2810 Garnet Road Parkville, MD 21234 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State Metro Crematory, Inc. 05/24/96 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, MD 21. Signature of Funerel Service Licensee Dawn F. McDonald 22. Name and Address of Facility

Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23a. Pent1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Fine) diseese or condition resulting in deeth) Examiner Examiner The lew requires that the death certificate be executed physician end the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest P.O. Box 68760. Physician/Medical Due to (or es e consequence of): attending for use as USB 88 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the bed 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 M Unknown Records, þ Completed 24b. Were autopsy findings evalleble prior to completion of cause of death? 24e. Wes an eutopsy performed? Deed page 2 s 1 ☐ Yes 2 🕅 No certificate 1 Yes 2 No Division of Vital Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Medical Certification: To this funeral 27. Manner of Deeth 28c. Injury et Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred After 5 Pending investigation Attending 1 X Neturel ller death. 1 ☐ Yes 2 ☐ No by the f 2 Accident 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1X Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and menner es steted.
2 Medical Examtner: On the basis of exemination end/or investigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s) end menner steted. 29e. Cartifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Kanlenter MI) 021022 May 24, 1996 33 Didebro Handalle 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) Kow ALEUSIA 31. Date filed (Month, Dev. Year) Registrar

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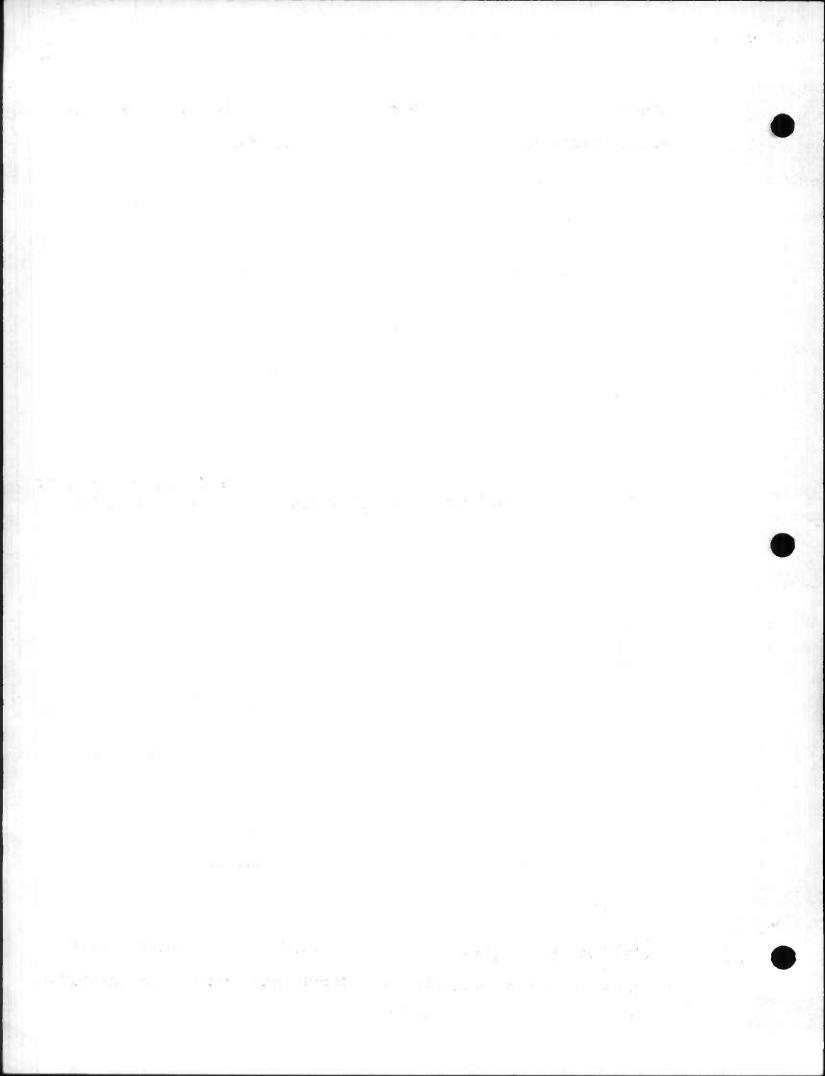
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State of Maryland / Department of Health and Mental Hygiene 96	5	6	9	6
Certificate of Death Reg. No.				

				C	Certificate o	f Death		Reg. No.					
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/Med Exam		4a. Facility Name (If not institution, git	a street and number)		DI	4b. City, Town, or L							
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Ma Figure	ફ	MD. N/	A		BALT	IMORE				X Yas 2□No			
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Via Went Went witce	10	JOSEPH WHITE				ROSA	McFADD	EN					
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Baltimore, Me permit. Pages 1 end 2: Department of Heelth as Important: If Item 27 is any Injury or other treat	1	21. Signature of Fanaral Service Lice	nsee		22. Nama and Add	ress of Facility	PLE F	11.1500	4. E	SONIER			
Bal Depariment		De C	DO CH	el_		U.							
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Physiciar /Medica	_	Immediate Cause (Final				*							
Examine		disease or condition resulting In deeth) a. RUPTURED THOMSUC AORTC DUSU MYSM a. RUPTURED THOMSUC AORTC											
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HO HO	edicai	(Check only 2) Medical Exar	niner: On the basis of and manner sta	axamination and/o	or Investigation, In my	y opinion, death occur	red at the time,	date and place,	and dua to th	e causa(s)			
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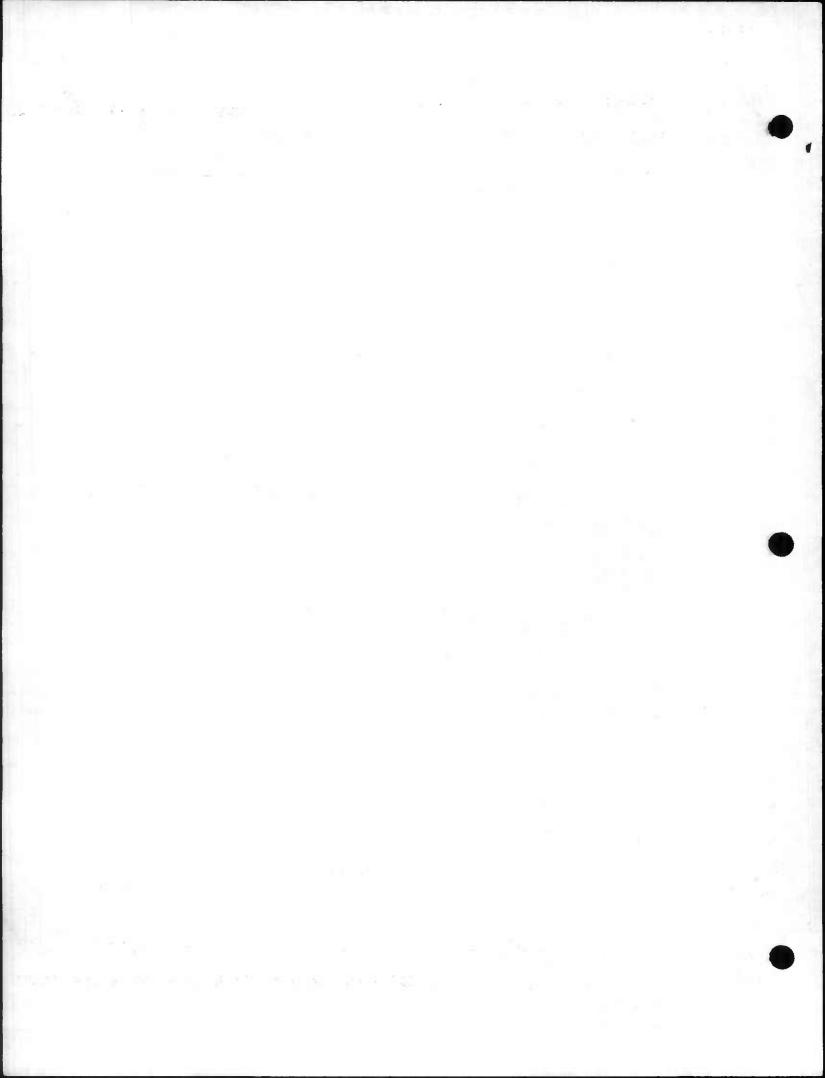
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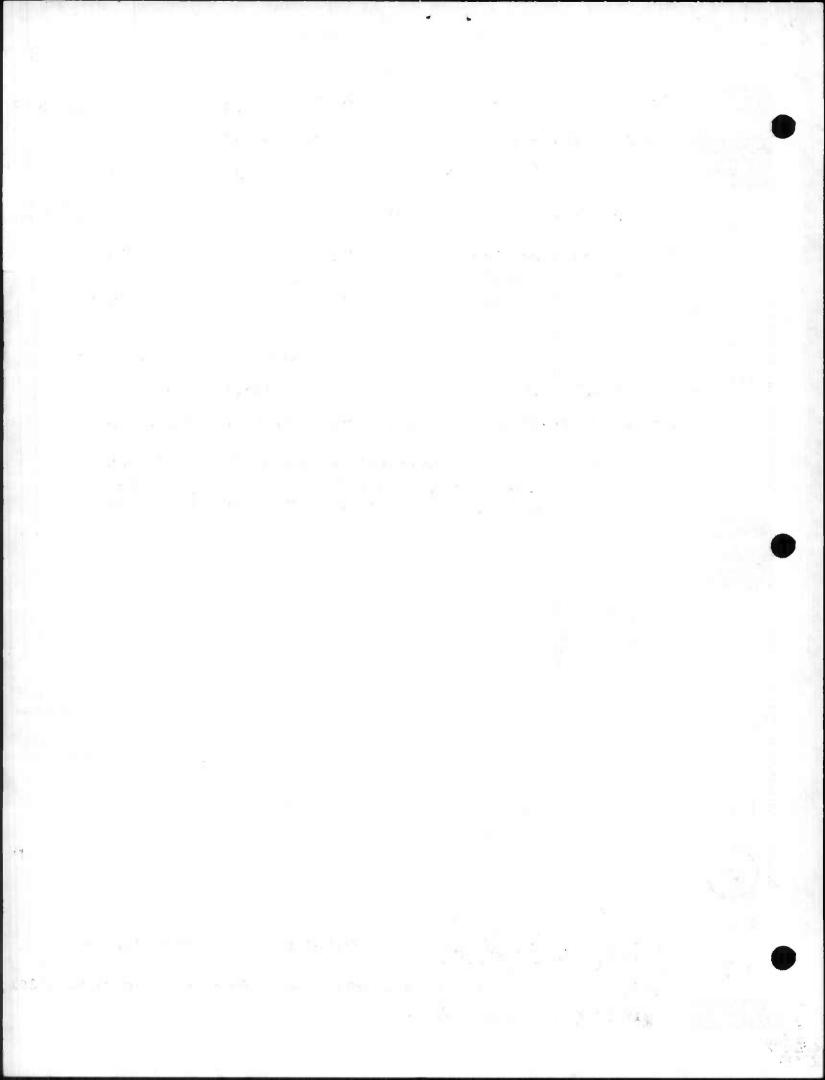
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State Registrar



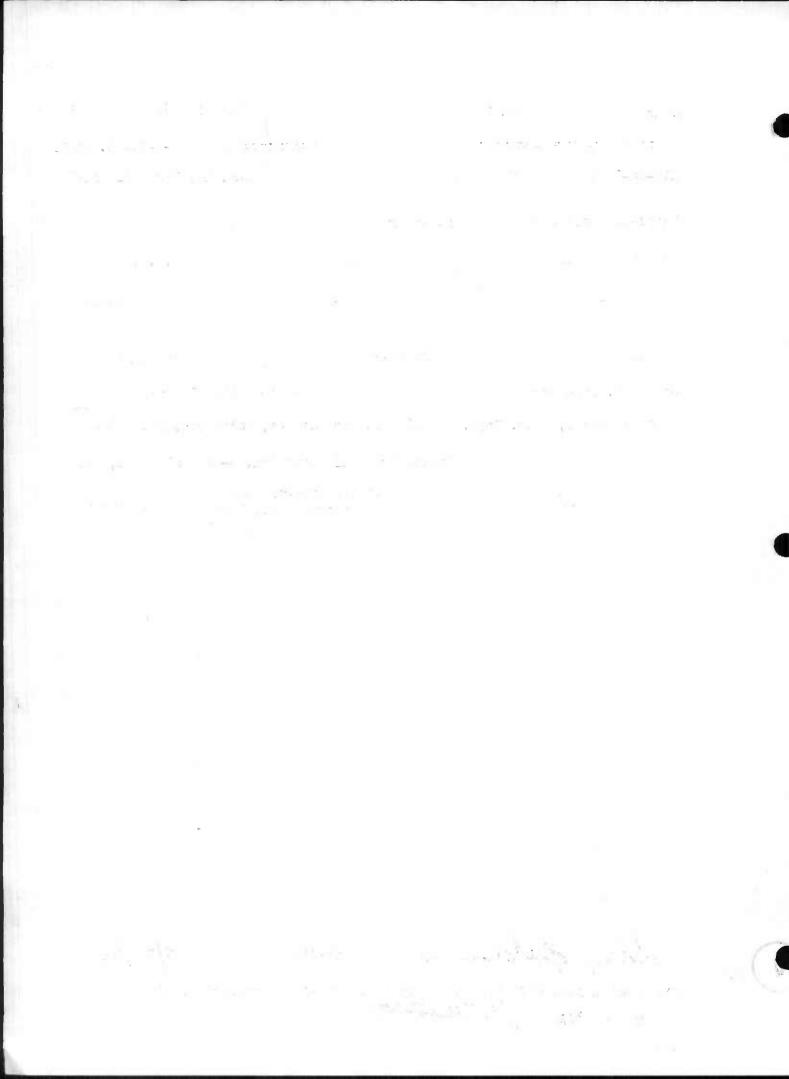
Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Item: 4a, per F'.H. G-	735 5/28/96 r	eh	Certif	ficate of	Death		Reg. No.			
	Physici /Medic		Decedant's Name (First, Middla, Last MICHAEL	J.	-	1	WAGNE	R	2. Data of D Month MAY		Year	Time of Death 11:15	
	Examir		4a. Facility Nama (If not institution, giva LIBERTY RESEV		OIR	-		4b. City, Town, or SYKESVI			ty of Death RROLL		
	Funeral Director		5. Social Security Number 8. Se 484-62-6963		(In yrs. lasi 45		Undar 1 Yaar onths Days			8,1950	9. Birthpiaca Country) I O W a	a (Stata or Foreign	
	Maryland a-f show med at	tor	Usuel Rasidance of Decadant 10a. Stata 10b. County Maryland Carro		IOc. City, T	own or Locati	on sville	2				Inside City Limits	
	th with the 23a or 28 set be not	Funeral Director	10e. Street and Number 620 Shimmering	Run Cour	t	1	10f. Zip Coda 2178	What Country					
020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hyglene. Important: If Item 27 is marked other than "natural", or items 23a or 23a-f show important: If Item 27 is marked other than "natural", or items 23a or 23a-f show jnjury or other traumatic event, the Medical Examiner must be notified at ance.	þ	11. Maritai Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ev Armed Forces? 1 Yas 24 No If Yas, Giva Yaar or Datas:	ar in U,S.		Decedant of as, specify Cul Yas 2 No	Hispanic Origin? (S ban, Maxican, Puart Specify:	pecify Yas or N o Rican, atc.)	o- 14. Re Bi	ace - Amarican ack, Whita, atc.		
21215-0020	filed within 72 ho Hygiene. ther than "natur ent, me Megical	Completed	15. Decedent's Edi (Specify only highest grad Elementery/Secondery (0-12)	cation la com <i>pleted)</i> College (1-4or 5+) 5 +				pation a during most of wor ed) Analyst	king	16b. Kind of Businass/Industry Corporate Indu			
Du	be filed tel Hygid d other event, n	Be	17. Fathar's Nama (First, Middla, Last)					18. Mothar's Nar		a, Meidan Suma			
Maryland	should be ind Mentel in marked or umatic eve	2	Joseph Franc			10h Mallina A	ddraga /Cton	MOT et and Number or Ru		Andrew	- Cinto Tio Co	efe l	
	1 and 2 sho Health and em 27 is me		Mary Jane Elinson/					Dr. Virgi				36)	
Baltimore,	permit. Peges 1 s Department of He important: If item any injury or othe		20a. Mathod of Disposition 1 Burial 2 XCramation 3 F 4 Donation 5 Other (Specify)		Metr	e of Disposition atary, cramato		Inc. 5/2	Data 4/96		.more, M		
Balt	Departing Imports any infe		21. Signature of Funaral Sarvice Licens	Davo F. M	cDona	1d Cr		n Society erick Rd.					
	Physician /Medical Examiner	ner	23a. Part1. Entar tha disaasa, or compi shock, or haart failura. List only o Immediata Causa (Finai disaasa or condition rasulting in death)	CONTS	crs		ion o	000			Ör	arval Between sat and Death	
(09289)	death certificate be executed attending physician end of for use es the buriel-transit	Wedical Examiner	Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disease or injury that imitiated evants rasulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of): 1. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco										
P.O. Box	he daath cer / the attendin ched for use	ysician	Part II. Other significant conditions con		not rasuitir	ng in tha undar	rlying causa g	ivan in Part i.	23b. Did tobacco use contribute to the cause of death				
	res that the da signed by the a be detached f	by Ph							1	Yes 2 No	3 Probeb	ly 4 Unknow	
Records,	ew requi	Completed							perf	s an autopsy formed?	availal compl of daa		
la I			25. Was casa rafarred to medical					28. Placa of Dea		Yas 2 No	1 🗹 Yı	as 2 No	
of Vital	Physician: this certific rai director,	To Be	axaminar?	lospital:	2□ER	/Outpatient :	3 DOA	haa		idance 8 (2)0	thar (Specify)	SCENE	
Division o	oding Ph or: Merth	Certification:	27. Mannar of Death 1 Natural 2 Accidant 5 Pending invastigation	28a. Data of injury (Month, Day) FOUND 5-22	(ear)	b. Tima of injury	28c. inju Wo M 1	ury at ork? Yas 2 No	gues	how injury occur	4053		
DIV		- 1	3 ♥ Sulcida 4 □ Homicide 6 □ Could not be determined	28e. Place of injury building, atc.	(Specify)				LIBERT		rusin ca	Mollo	
	e Hos n 24 ho e Fun sietsky	edical	29a. Cartifiar (Check only one) 1 ☐ Certifying Physical (Check only one)	elcian: To the best of r ner: On tha basis of a and manner steta	kamination	dga, daath oc and/or invast	curred at tha t igation, in my	opinion, daath occu	red at the time	data and place	nenner es state a, and dua to the	J. Leause(s)	
	To the Hig within 24 To the Fu completel	Me	29b. Signatura and titla of certifiar	belle	٩			. M . E		_	ned (Month, Day 23 , 199		
	Sta	•	30. Nama and addrass of person who co	mpleted causa of daa LOREU 32. Registrar	019	111		Street,	Baltir	more, l	Maryla	nd 2120	
	Sta	te	MAY 9 8 100C	The Add Solly		- et							



State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate o	f Deatl	ካ		Reg. No.		. 000	•
			1. Decedent's Name (First, Middle, La	ist)						2. Date of De	eath		3. Time of Dea	ath
	Physic		Alice	WINGATE						Month May 25	1996	Year	4:47 aı	n
Y	/Medi Exami		4a. Fecility Name (If not institution, giv					4b. City, T	Town, or Lo	cation of Deal		of Death		
7	LAGIIII	ici	Franklin Square						imore				Commerc	
-	F		5. Social Security Number 6. S		(In yrs. lest b	irthdev)	If Under 1 Ye				Balti		County	raian
г	Funeral Director			I□M 2ØF	73	Yrs.	Months Day	s Hours	Min.	8. Dete of Bi (Month, D	ey, Year)		lece (State or Fo	reign
			Usual Residence of Decedent		()				. Ap	ug. Ic	, 1922	Mary.	Land	
	land m		10a. State 10b. County		10c. City, To	wn or Loc	cation					11	0d. Inside City L	mits
	Many feb	0	Maryland Baltim	ore	Balti	more	2					İ	1 Yes 2	No
	the 28s	8	10e. Street end Number	020	Dai 01	LIIIOL	10f. Zip Code				10g. Citizen of	Albat Coun	4-0	
	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Medical Exeminer must be notified at	Funeral Director	7/12/25				G (2 (1))						try r	
	e 23	Fai	7941 Lynch Road	1.0.11.		1	2122				U.S.A			
	ter dea Items	S	11. Maritei Stetus	12. Was Decedent Ev Armed Forces?		13. V	Vas Decedent o Yes, specify C	r Hispenic C uban, Mexic	irigin? (Spe en, Puerto I	cify Yes of Ne Rican, etc.)	o- 14. Had Bie	ck, White,	en indian, etc.	
20	s aft	by F	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 🖾 Divorced	1 ☐ Yes 2 ☑ No)	1	☐ Yes 2☐x	lo Specify	y:		Specif	Whi	to	
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5	net adici	Completed	15. Decedent's Ed (Specify only highest gra		166	a. Deced (Give I	ent's Usual Occ kind of work doi O NOT use reti	cupation ne <i>during m</i> o	st of working	ng	16b. Kind of B	usiness/Inc	lustry	
12	vithir hen hen	E	Elementary/Secondery (0-12)	College (1-4or 5+				irea)						
12	her t	ပိ	8th		Ca	ashie	er	10.00.0			Retail		S	
Z.	tal H	Be	17. Fether's Neme (First, Middle, Last)					18. Moti	ner's Name	(First, Middle	a, Malden Sumer	ne)		
yla	Men	P	George D. Edmond:	son				Bes	sie B	elle C	lements			
Maryland	and and		19a. Informent's Neme/Relationship (ber, City or Town,			
	ss 1 and 2 should be filed within 72 hours after des of Health and Mental Hygiene. Item 27 is marked other than "natural", or items other treumatic event, the Medical Examiner in		Pete Rafalides,	Pers. Repr.	.]	L239	S. 48t1	n Stre	et, B	altimo	ore, Md.	2122	2	
Sre	T T P		20a. Method of Disposition		20b. Plece o	of Dispos	sition (Neme of	olece)	1	Date	20c. Location	City or To	wn, State	
Ĕ	Page sent mt: If ry or		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification)				eart of		Cem.	5-29	Baltim	ore. I	Md.	
Baltimore,	permit. Pages Department of Historiant: If Its any Injury or of once.		21. Signature of Funeral Service Licer		1		Neme and Add							
ä	Depariment of the pariment of			Q ,			atthews			me				
			23a. Part1. Enter the disease, or com	matche	wa	30	21 Eas	tern A	ve.,	Baltim	ore, Md	2122	24	
			shock, or heart fellure. List only	one cause on each line	ne death. Do).	not ente	r the mode of c	iying, such a	s cardiac o	r respiratory a	arrest,	1	Interval Between	3
	Physician											i	Onset and Deat	n
8	/Medical Examiner		immediate Cause (Fine) disease or condition resulting in death)	Congesti	ve Hea	rt F	ailure					i	2+ year	S
н			resulting in deadily	D	ue to (or as a	consequ	uence of):					1		
	D #	ine		Coronary .	Artery	Dis	ease							
	eath certificate be executed attending physician and for use as the burial-transit	Examiner	Sequentially list conditions,	D	ue to (or as a	consequ	uence of):					1		
0	lan g		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Myocardia	l Infa	rcti	on					1		
68760,	ate b	Medical	thet initiated events resulting in death) Last	0.	ue to (or es e									
9	ng pl	Mec	Todalily East									1		
Box	thet the death cert ed by the attendin detached for use	Par	•	d								1		
	the attendate for us	Physician	Part li. Other significant conditions of	ontributing to death but	not resulting	In the un	deriving cause	given in Pari	11	23h Did	tobacco use co	ntribute to	the cause of de	eth?
Ö	by the	Į.					,	3,70,1111			Yes 2 No		ably 4 Unk	
0	ras ther iigned be det	by P								"	1148 20110	0 1102	ably 4 Donk	IOMI
Records,	requires thet the seen signed by th should be detache									24e. Was	an autopsy	24b. We	re autopsy findlr	igs
Ö	- Jul (1)	lete									ormed?	ava cor	liable prior to apletion of cause	7
Re	hes hes	Completed										of c	leath?	
e	: The cate h									10	Yes 2 No	1 [Yes 2□ No	
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Manufact.					e of Death	(Check only	one)			
of	5 00	P	1 Yes 2 No	Hospitai: 1 ☐ inpatient	2 ER/O	utpatient	JLI DUA		lursing Hon	ne 5 🗆 Res	Idence 8 DOth	er (Specify)	
_		Certification:	27. Manner of Death Naturai 5 ☐ Pending	28a. Date of Injury (Month, Dey		Time of Injury	28c. In	jury at /ork?	2	8d. Describe	how injury occur	red		
Division	Attending or death. ector: After by the fune	ati	2 ☐ Accident investigation				M 1	Yes 2] No					
Ž	l or Attendation after deati	Ĕ	3 Sulcide 6 Could not be determined	28e. Piece of Injury building, etc.	y - At home, f	erm, stre	et, factory, offic	8	2		(Street and Numb wn, State)	er or Rura	Route Number,	
	tal or rs afte ai Dir	Cer			(.,	,,			
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the		29a. Certifier 1 Certifying Ph	yalctan: To the best of	my knowledg	e, deeth	occurred at the	time, date a	nd piace, a	nd due to the	cause(s) end ma	anner as st	ated.	
	n 24 n 24 n 24 plete	edicai	one) 2 Medical Exam	ntner: On the basis of e and manner state	xamınation er ed.	na/or inve	estigation, in my	y opinion, de	eth occurre	d at the time,	date and piece,	and due to	the cause(s)	
	To the within 2 To the comple	Σ	29b. Signature and title of certifier	10			29c. Lice	nse number	14		29d. Date signe	d (Month, I	Dey, Year)	
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1	100		30. Name and eddress of berson who d	completed cause of doe	- mp	(Type D		,,,,			1/2	176		
1	10		, ,						3.6	-1 1	207/7			
	C4-0	10	Selwyn Mahon M.D. 31. Date filed (Month, Dey, Year)	50 Begistred	Signatura	reet	roresi	ville	, Mar	yrand	20/4/			
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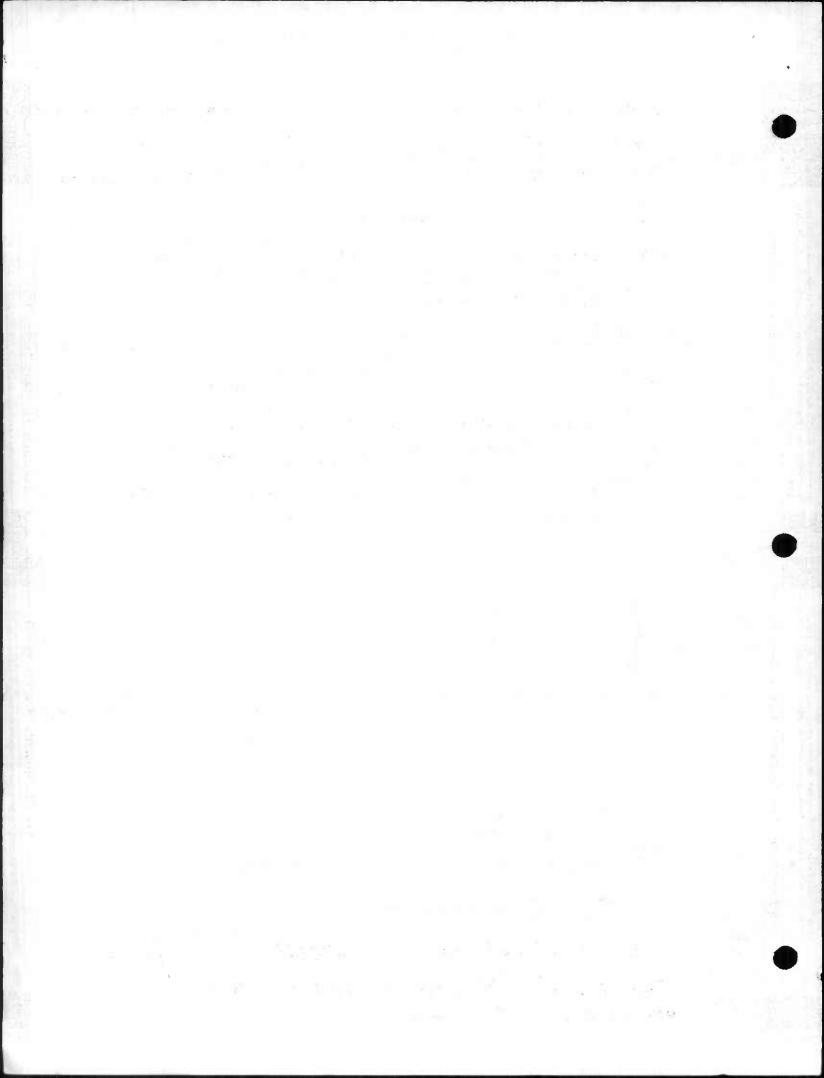
State of Maryland / Department of Health and Mental Hygiene 96

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						Ce	rtificate	e of	Death			Reg. No.		10	000
	Physic		1. Decedent's Neme (First, Middle, Arthur Lee	Zinne	rman					1	2. Dete of De Month		Year 1996		me of Death : 46 PM
	/Medi Exami		4e. Fecility Neme (If not institution, g	ive street end nu	ımber)				4b. City, To	wn, or Loc	ation of Deet		y of Death		
			Hopkins Bay	View	Hospita	1			Bal	timo	re	N/	A		
	Funeral Director		5. Sociel Security Number 220 30 1803	Sex 1 M 2 □ F	7. Age (In yrs. Ia 62	st birthdey) Yrs.	if Under Months	1 Yeer Days		24 Hrs. 8	B. Date of Bir (Month, De 11 0		9. Birthp Coun		tete o <i>r Foreig</i> n
	pud *		Usual Residence of Decedent 10a. Stete 10b. County		10c City	Town or Lo	ocation								de City Limits
	Sa-f sho	ector	Md. N	I/A		ltim	ore							113	Yes 2□No
	ath with ti	Funeral Director	10e. Street end Number 1552 Elrino S	treet			10f. Zip	Code 224	1			10g. Citizen of USA	Whet Cour	ntry?	
020	is 1 and 2 should be filed within 72 hours after death with the Marylend if Health end Mental Hygiene. I have selected the marked other than "naturel", or Hems 23e or 28a-f show other treumstic event, the Medical Examiner	by	11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed F	edent Ever in U,S orces? 2 No ive 1954-19	13.	Wes Decedo if Yes, speci 1 ☐ Yes 2			gin? (Spec , Puerto R	ify Yes or No ican, etc.)	Ble	ce-Americ ock, White, wWhite	etc.	ìn,
5-0	Z I Z I D-UUZU d within 72 hours af glene. rr than "naturel", or re Madical Evary		15. Decedent's (Specify only highest (Education		16e. Dece	dent's Usue	i Occu	petion during most	of working	2	16b. Kind of B	usiness/ind	dustry	
121			Elementery/Secondery (0-12)		1-4or 5+)	life.	oo NOT us arpei	e retire	ed)		4	Cons	truc	tic	n
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Maryland	2 should be filed with end Mental Hygiene. Is marked other ther aumatic event, the M	To Be	Hiram Zimme								e Har				
ary	should nd Men marke	-	19e. Informent's Neme/Relationship	(Type, Print)		19b. Meili	ng Address	(Stree	t end Numbe	or or Rural	Route Numb	er, City or Town	, Stete, Zip	Code)	
	1 and 2. Health e		Ruth E.Zimmer	man,Si	ster	155	2 El1	rin	o St	. Ba	lto.,	Md. 21	224		
Baltimore,	permit. Pages 1 and Depertment of Health Important: If Itam 27 any injury or other tr ance.		20e. Method of Disposition 1 MBunei 2 Cremetion 3 4 Donetion 5 Other (Special Control of Control o		State Cer	nee of Disponentery, cre	osition (Nam metory or ot	e of her ple			Dete	20c. Location 6 East	- City or To		
Balti	permit. Pages Depertment of Important: If it any injury or o		21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md.												
			23a. Part1. Enter the diseese, or co shock, or heert feilure. List on	mplications thet	caused the death.	Do not en	224 E	as of dy	tern	Ave cardiec or	 Bal respiretory e 	to., Md	•	Approx	xtmete el Between
N.	Physician		shock, or heert feilure. List on	y one cattlee on	eech line.								i	Onset	el Between end Deeth
и	/Medical		Immediete Ceuse (Finat diseese or condition		SEPS	15							1	81	nours
ı	Examiner		resulting in deeth)	θ	Due to (or		quence of):								100.3
	P #	ine		- b											
oʻ	an end iriel-trans	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that is listed as a second or injury)	<i>0</i> .	Due to (or	es e conse	quence of):								
x 68760,	requires that the deeth certificate be assocuted seen signed by the attending physician end hould be deteched for use as the buriel-transit	Medical	thet initieted events resulting in deeth) Lest												
. Bo	the attending	Physician/	Dent ii. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given								23b. Did	tobacco use co	ontribute to	o the ca	use of death?
, P.O	es that the de igned by the be deteched	by Phy	-								10	Yes 2□ No	3 ☐ Prol	bebly	Unknown
Records,	× 200	Completed b									24e. Wes	en eutopsy ormed?	CO	ellable p	opsy findings prior to n of cause
Ä	0 - 5	E									1)2	Yes 2□No	1[∃Yes	20 No
Vital	ysician: The	Be	25. Was case referred to medicat examiner?						26. Place	of Death	(Check only	one)			
of V	5 00	2	1 ☐ Yes 2 No	Hospitet:	Inpatient 2 E	R/Outpatie		^		rsing Hom	e 5□Resi	dence 6 □Ot	ner (Specif	y)	
sion o	After fune	ation:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigat	on	of Injury oth, Day Year)	28b. Time o tnjury	M 28	Bc. Inju Wo 1 [iryet ork?]Yes 2∐i		d. Describe	how injury occu	rred		
Division	al or Attances effer death	Certification:	3 ☐ Suicide 8 ☐ Could not 4 ☐ Homicide determine	A 280. Place	e of Injury - At homing, etc. (Specify)	ne, ferm, st	reet, fectory,	, office		28	of. Location (City or To	Street end Num wn, Stete)	ber or Rure	el Route	Number,
	To the Hospital or Attandithin 24 hours effer deatl To the Funeral Director; completely filled in by the	edical	29a. Certifier Check only one) Certifying F	miner: On the b	best of my knowi asis of exeminetic ener steted.	edge, deet on end/or in	h occurred e vestigation,	t the ti	ime, dete en opinion, deel	d plece, er th occurred	d due to the d et the time,	ceuse(s) end m dete end piece,	enner es s end due to	teted.	use(s)
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			30. Name and address of person wh	completed cau	se of deeth (Item 2	bs "	Print)	9 2	Medic	10	entre	- 1	1		
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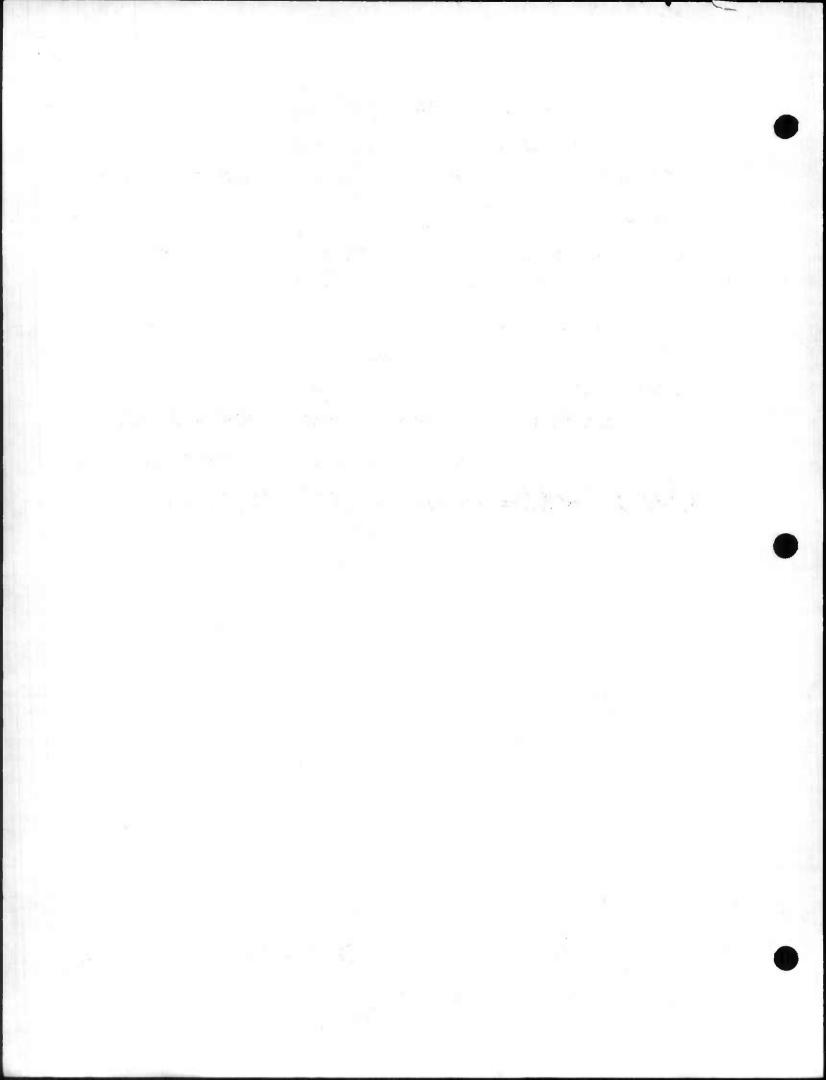
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificate	of	Death			Reg. No.			
- Physic	ion	1. Decedant's Nama (First, Middla,	· ·							2. Data of Do Month	eath Day	Yaar	3. Tima of Death	
/Med		MARGAI								05 2	1 96	1000	3:55 PM	
Exam	iner	4a. Facility Nama (If not institution, I	niva straat and number) NS BAY VIEW					4b. City, To		cation of Deat	h 4c. Count	y of Death		
Funera Director				ga (In yrs. last	birthday) Yrs.	If Undar Months	1 Yaa Days	r If Undar	24 Hrs. Min.	8. Data of Bi (Month, Di 4-20-2	rth av. Year)	9. Birth	placa (Stata or Foraig http:// LAND	
		Usual Rasidance of Dacedant								4-20-2	7	LIMILI	LAINU_	
ahow	_	10a. Stata 10b. County		10c. City, To		cation							10d. Insida City Limits	
76 Me	Directo	MARYLAND N/A		BALTI	MORE								1 XYas 2 No	
th with the 23s or 2		702 S. RAPPOLA S	IREET		10f. Zip Coda 10g. Citizen of What Country? USA								ntry?	
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C T N L		19a. Informant's Name/Ralationship MR. ALAN ZLOTORZ		3	9b. Mallir 016	ng Addrass A. OC	(Stree	PINES	er or Run S BEF	LIN, M	per, City or Town	2181	Coda)	
O - 7 5 5												on - City or Town, Stata		
Baltimor permit. Peges Department of I important: If ite any injury or of once.		21. Signature of Funaral Sarvice Lic	- 1	. shi	KA	CZORO	WSK	rass of Facili	ERAL					
		23a. Part1. Entar tha disaasa, or co	mplications that cause	d the death. D	25	25 FL	Of dv	ST. I	BALTY	or respiratory	21224		Approximate	
/Medical Examiner euq		Immediata Causa (Final diseasa or condition rasulting in daath) Sequentially list conditions, if any leading to immediate	a. <i>COKO</i>	Dua to (or as	a conseq	juance of):	130	ene	, AC	ute 1.	Mach		30m ~	
be ex sician buriel		if any, laading to Immediata causa. Entar Undarlying Cause (Disease or Injury	C	Dua to (or as a consequance of):										
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that the de ned by the sideteched	/ Physician	Part II. Other significant conditions	contributing to death b	ut not rasuitin	g in tha ui	ndarlying ca	usa g	ivan in Part	l.	1	Yes 2 No		o the cause of death bably 4☐ Unknow	
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To the within ? To the	Me	29b. Signatura and titia of cortifier				29c.	Licer	nsa number			29d. Data sign	ed (Month,	Day, Year)	
/		14	M3 MD			1) 1	334	48	2	5-	23	-96	
6		30. Nama and addrass/of person wh	o completed causa of c	laath (Itam 23	a) (Type,	Print)								
		2801 Fost	wazi M	witter Ra	whole .									

Registrar



State of Maryland / Department of Health and Mental Hygiene

29d. Deta signed (Month, Dey, Year)

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Deeth 3. Time of Deeth Month 05 96 **Physician** 0°4 8:30 PM Charles E. Anderson Sr. /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not Institution, giva street and number) 4c. County of Death Examiner Lanham Prince George's Magnolia Nursing Home Center | Months | Deys | Hours | Min. | 8. Date of Birth (Month, Clay, Year) | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** 12 M 2□ F WashingtonDC 577-20-6723 77 Director Usuei Residence of Decedent death with the Maryland 10e. Stete 10c. City, Town or Location 10d. Insida City Limits ?? is marked other than "natural", or frame 23a or 28a-f show traumatic event, the Madical Examinar must be notified at MD Prince George's Lanham 1 Yas 2 □ No Director 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code 4903 Whitfield Chapel Road 20706 USA 12. Was Decedent Evar in U.S. Armed Forcas? 14. Race - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritai Status 1 ☑ Yas 2 □ No 8/41 If Yes, Give Yaar or Dates: 4/70 filed within 72 hours after 1 Navar Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2√2 No Specify: Specify: Black. þ 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Government 4 Computer Programmer permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oths any injury or other traumatic event, once. 18. Mother's Neme (First, Middle, Malden Sumema) 17. Fether's Name (First, Middle, Last) James Edward Anderson Ethel Anderson 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Alice Anderson/Wife 4903 Whitfield Chapel Rd, Lanham, MD 20706 20b. Piece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 20e. Method of Disposition ⊠ Buriei 2 ☐ Crametion 3 ☐ Ramoval from Steta 5/15/96 Arlington National Arlington, 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatura of Funaral Sarvice Licensee 22. Name end Address of Facility Hemberly CBuscoe Tonic J. B. Jenkins Funeral Home 7474 Landover Road, Landover, MD 20785 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert feilura. List only one cause on each lina. Approximete Interval Between Onsat and Deeth **Physician** Immediate Cause (Final diseese or condition resulting in deeth) /Medical 14 days Pneumonia Examiner Due to (or es a consequence of): Examiner Cerebrovascular Disease attending physician and for use as the burial-transit requires that the death certificate be axecuted Sequentielly list conditions, if any, leeding to immadieta cause. Enter Underlying Cause (Diseasa or injury thet initieted events resulting in deeth) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medicai Dua to (or as a consequence of) been signed by the should be datached Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | XNo 3 | Probably 4 | Unknown P 24b. Were autopsy findings evelleble prior to completion of cause of deeth? 24e. Wes an eutopsy performed? Completed has 1 ☐ Yes ZOXNo 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this cartifical lately filled in by the funeral director; 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 XNursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 2 1 ☐ Yas 20 No 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. fnjury et Work? Certification: 5 Pending investigation 1 X Natural 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide

complately to the rithin 2

Registrar

Medicai

29e. Certifier

(Check only one)

29b. Signeture end title of cartifiar

C. Hajjar, Jr. M.D. 4850 Forbes Blvd. Lunhon, Hd 20706 31. Dete filed (Month, Dey, Year) MAY 1 0 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

of c. Cuppar , gus

Regimer's Signet

1 🖾 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination end/or invastigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated.

29c. License number

D39550

la la e o

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middla, Last) 3. Time of Death Month **Physician** TONY 27, ABERNATHY 1996 April 7:25 P.M. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner PRINCE GEORGES HOSPITAL CENTER Cheverly Prince George's 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. lest birthday) 8. Dete of Birth (Month, Dev. Year) Birthplece (Stete or Foraign Country) **Funeral** 1⊠M 2□ F Months Deys Hours 80 Yrs. July 29, 1915 Statesville, NC Director 239-18-8373 Usual Residence of Decedent the Menylend 10e Stete 10c. City. Town or Location 10b. County 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 1 X Yes 2 ☐ No Director Maryland Prince George's Forestville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Regency Nursing Home death with United States 7420 Marlboro Pike 20747 Funeral 11 Marital Stetus 12. Was Decedent Ever In U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian. Bieck, White, etc. hours after I ☐ Yes 2 X No It Yes, Give 1 Never Married 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ Black 3 X Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event. the Mas Elementery/Secondary (0-12) Coitege (1-4or 5+) Chef Private 11 17. Father's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumema) Be Fannie Blanch Lowrence McLain Abernathy 19e. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Janet Vernon - Niece 1005 Arbor Park Place, Mitchellville, MD 20b. Plece ot Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stete cematery, cremetory or other place) 1 Burial 2 ☐ Cremetion 3 ☐ Ramovai trom Stete 4 ☐ Donation 5 ☐ Other (Specify) Lincoln Memorial Cemetery 5/3/96 Suitland, Maryland 22. Name end Address of Fecility iture of Funeral Service I STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, ons that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, euse on each line. Approximete Intervet Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel disease or condition resulting in deeth) **Examiner** Examiner the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events rasulting in death) Lest Due to (or es e consequence ot): that the deeth certificete be exec P.O. Box 68760. physicien Physician/Medical Due to (or es e consequence of): ettending aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detec 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Division of Vital Records, py 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24a. Was an autopsy performed? Completed 46 DNR. certificate 1 ☐ Yes 2 ☐ No Be 25. Wes cese reterred to medicei 28. Piece of Deeth (Check only one) Hospital: 1 papatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Lo After this 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) Hospital or Attending Pt
 124 hours after death.
 Funeral Director: After the funeral pietely filled in by the funeral 28b. Time ot 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, term, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) To the Hosping.

Within 24 hours after

To the Funeral Director of the Funeral 4 Homicide Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of axaminetion end/or investigetion, in my opinion, deeth occurred et the time, data and plece, and due to the cause(s) and menner steted. 29e, Certifier 29b. Signature end title of certified 29d. Dete signed (Month, Dey, Year) 29c. License number 30. Nema and address of person who completed ceuse of deeth (Item 23a) (Type, Print) Road; # 220; Bourie-MD 20716. 32. Registrer's Signet 31. Dete fited (Month, Day, Year) State

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Registrar

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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

15700 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	r 28	Director	10e. Street and Number			10f. Zip Coda			10g. Citizan of \	What Coun	try?	
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<u>a</u>		ToE	DANTON GROSS				HELEN	CROWNER	CROWNER			
Maryland	S D E E		19a. Informant's Name/Raletionship	(Type, Print)	19b. Mail	ing Address (Street	end Number or F	Rural Routa Numb	er, City or Town,	State, Zip	Code)	
Σ	1 end 2 Heelth earn 27 is am 27 is		JOHN FOUNTAIN (S	ON)	SHADY SI	DE, MD.	2076	4				
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	_		23a. Part1. Entar the disaasa, or con	nolications that caused the death	Do not ex	21 WEST ST	C. ANNAP	OLIS, MD	. 21401		Annoulmate	
	Dhamisian		shock, or haart failura. List only	ona ceuse on aach lina.	. 50 1101 01	na ma mode of dyn	ng, soon as cord	sc or respiratory e	311031,	1	Approximete Interval Between Onset and Death	
	Physician /Medical		Immediata Causa (Final	LINE	An	FO					11 mrds	
	Examiner		disaasa or condition rasulting in daath)	a								
		e e		a. Due to (o	as a conse	equance of):					1989	
	pet usit	Examiner		b		,			<u> </u>	// /		
-	certificate be executed rding physician end ise as the burial-transit	xai	Sequantially list conditions, if eny, laading to immediata cause. Entar Undarlying Cause (Diseasa or injury	Dua to (o	es e conse	quance of):				į		
760	sicial buri		Cause (Diseasa or injury that initiated events	C								
68760,	phy s the	n/Medical	resulting in death) Last	Dua to (or	as a conse	quence ot):				1		
XO	certific nding p use as	3		d								
m	atter	cia	B . H . DH								<u> </u>	
0	thet the deeth hed by the atte detached for	Physicia	Pert II. Other significant conditions	contributing to death but not rast	iting in tha	undariying ceuse gil	an in Pert I.		_/		the cause of death?	
Δ,	thet bed b							. 1	Yes 2000	3 Prot	pably 4 Unknown	
Vital Records,	requires that een signed b hould be dett	d by						24a Was	en autopsy	24b. We	ere autopsy findings	
Ö		ete						perf	omed?	COL	allable prior to mplation of cause	
Re	has Je 2	Completed								of	death?	
<u></u>	F age							10	Yas 2 DNo	1 [Yas 2 No	
3	Physician: The this certificate ral director, page	Be	25. Was cesa raferred to medicel examiner?	Hospital:		Ott		eath (Check only	pna)			
o	Physical this of ral direction	2	1 Yas 2 No	1 Linpatient 2L	ER/Outpatie		4 LI Nursing	Homa 5 PRas			1)	
		LO	1 ☑Natural 5 ☐ Pending	28a. Deta of injury (Month, Day Year)	28b. Tima o Injury	Wo		28d. Dascribe	how injury occur	red		
Division	the the	Certification:	2 Accident invastigation 3 Suicida 6 Could not be	0			Yas 2 □ No					
\leq	or Attend after deeth Director: /	=	4 Homicida datarmined		me, farm, si)	reat, factory, office			(Street and Numb wn, Stata)	er or Rura	i Routa Number,	
	ral Delli											
	Hospital 24 hours Funeral stely filled	edicai	(Uneck only 2 Medical Exa	hyalclan: To tha best of my know miner: On tha basis of axaminat	/ledga, daal on and/or ir	th occurred at tha time exactigetion, in my control	ma, data and place opinion, daath occ	e, and due to the curred at tha tima,	ceuse(s) end ma data end piace,	innar as st and dua to	ated. tha causa(s)	
	the high	Med	one)	and manner statad.								
	5 W C O		29b. Signatura and title of certifiar	- Kones 11	X	29c. Licens	T CA		29d. Data signe	7 (Month, I	CCC	
			1000		٠.	0/6	0/0		,)	, _	1/0	
			30. Nama end addrass of person who		23a) (Type	Print)	- 20 1	= An	2251	- 1	142	
				oant NO	16/6	tovos/	Greson	Hun	MIN CH		1.5	
	Sta		31. Data filed (Morty), Av. Year 1	996 32. Registra 300	dson-A	indell						



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State of Maryland / Department of Health and Mental Hygiene

96 15701

						Ce	rtificat	e of	Death			Reg. No.				
		7	1. Decedent's Neme (First, Middle	, Last)							2. Dete of De	eth		3. Tim	ne of Deeth	
н	Physici		Lurah	Frances		Bou	ırbon				Month	Dey 9	Year 1996	Q	:00 PM	
1	/Medi		4e. Fecility Neme (If not institution	Frances	herl	DOG	II DOII		4h City To	wn orto	May ecation of Deet			0	.00 FM	
7	Examir	ner	per address of the second											1 1		
_			1109 Lake Her		Apt. A		If Under		Annap				Arun			
	Funeral		5. Sociel Security Number	6. Sex 7 1 ☐ M 2 ☑ F	. Age (In yrs. le:		Months	Deys	Hours	Min.	8. Date of Bir (Month, Da	th ly, Year)	9. Birthp	iece (Ste try)	ete or Foreign	
	Director		423-03-8643		76	Yrs.					Nov 20	1919	Ala	bama	1	
	2 2		Usuel Residenca of Decedent 10a. Stete 10b. County		10a Cibr	Town or Lo	nation						1.	0.4 1		
	aryte de la	e l											1		de City Limits	
	N I	ctc	MD Anne A	rundel		Annap	olis							X	Yes 2□No	
	th th	ire	10e. Street end Number				10f. Zlp	Code				10g. Citizen of \	Whet Coun	try?		
	h wi	=	1109 Lake Her	on Drive	Apt A			214	03		United States					
	de a	Funeral Director	11. Maritel Status	12. Wes Deced			Wes Dece	dent of h	lispenic Ori	nic Origin? (Specify Yes or No-				n,		
0	the state of		1 Never Merried 2 Marri		N No			_			Rican, etc.)	Bier	k, White,	etc.		
21215-0020	within 72 hours effer death with the Maryland ene. then "natural", or items 23a or 28a-f show he Modital Examiner must be notified at	þ	3 Widowed 4 □ Divorced	If Yes, Give Year or Det			1∐ Yes	2 X X VO					hite	3		
P	2 ho	Completed	15. Decedent	's Education		16e. Dece	dent's Usue	el Occur	peti <i>o</i> n		16b. Kind of Business/Industry			-		
75	7	Se l	(Specify only highes	T		(Give life.	kind of wo	rk done se retire	during mos d)	t of worki	ing	,				
77	the end	E	Elementery/Secondery (0-12)	College (1-4	lor 5+)	Н	Iomema	ker				н	ome			
0	H Hyg		17. Fether's Neme (First, Middle,	(ast)			· O · · · · C · · · · ·	INCL	18 Mothe	ar's Neme	(First Middle					
an	d d of o	Be	Howard V. Jo									(First, Middle, Meiden Surneme)				
7	1 Me	2									nie Kilgroe or Rural Route Number, City or Town, Stete, Zip Code)					
Maryland	la r		19e. Informent's Neme/Reletionsi									120				
	end leelt m 27		James W. McLau	rin/son	11-41-41				DLIA	e Ani		, Maryl				
0	O H P		20e. Method of Disposition 20b. Plece of Disposition (Name of Dete 20c. Location Plece)												е	
Ē	Pag Tient Int: I		**Suriel 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) **Theorem of Donetion 1 Removel from Stete **Theorem of Donetion 2 Removel from Stete **Theorem of Donetion 3 Removel from Stete **Theorem of Donetion 3 Removel from Stete **Theorem of Donetic Place Donetic													
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylen Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at once.		22. Name and Address of Facility John M. Taylor Funeral Home, Inc. 147 Duke Of Gloucester St. Annapolis, MD 21401													
m	Deperiment of the periment of		1	14.	1											
			23a. Pert1. Enter the disease, or	complications that and	read the death											
		0	shock, or heart fellure. List	only one ceuse on eed	ch line.	DO NOT BIT	ei tile illou	e or dyn	ilg, sucil es	Cardiec	и теариетогу е	nest,			Between and Deeth	
ь	Physician /Medical		A										1	Oliser	ind Deetii	
	Examiner		tmmediete Ceuse (Finel diseese or condition resulting in deeth)	e.	To come	con	0 6	eef	conct	S	expe	cted	1	1 dec	wid	
н		L.	resulting in deeth)			es e consec	quence of):	C								
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	ertificate be executed ling physician and e as the burlat-transit	Examiner	Sequentially list conditions,	U	Due to (or e	s e consec	quenca of):	ca of):					1			
Ő,	ian a	E C	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury										1			
68760,	ate b	edical	thet initieted events resulting to deeth) Last	С.	Due to (or a	s e conseq	uence of):						1			
9	ng p	/Mec											1			
XO		7	· ·	d												
œ.	requires that the deeth c seen signed by the attend hould be detached for us	Physician	Pert II. Other significant condition	ns contributing to deal	th but not resulti	ing In the u	nderlylna c	ause oiv	en in Pert i		23b. Dld	tobacco use co	ntribute to	the car	use of death?	
P.O.	the sy th	hys						auso g		•		Yes 2□No			4 □ Unknown	
D.	that hed a										1/25	3 08 2 LINO	3 PIOL	HEOTY .	+ 🗆 Olikilowii	
Division of Vital Records,	sign d be	d by									24e Was	en eutopsy	24h We	are eutor	osy findings	
Ö	v require been si should	ete										med?	ave	elleble pr	rior to of cause	
ec	S S S	ldu												death?		
		Completed									10	Yes 2000	10	Yes	2□ No	
<u>a</u>	Physician: The i rthis certificate har ral director, page	Be (25. Wes case referred to medical						26. Place	of Deeth	(Check only o	one)	1			
2	yalci s ce direc	0	examiner? 1 AYes 2 No	Hospitel:	oatient 2 EF	R/Outpetier	nt 3 DC	A Oth	oer:		. 4	dence 8 DOth	er (Specifi	()		
0	£ 5 6	n: T	27. Menner of Deeth	28e. Dete of	Injury 2	8b. Time of		8c. Injur				how Injury occur		/		
0	th. After fune	음	Meturel 5 Pending 2 Accident Investig		Dey Year)	Injury	м		rk? Yes 2∐	No						
S	Attending or death.	fice	3 ☐ Sulcide 6 ☐ Could n	ot be	f Injury - At hom	e ferm str	eet fectory	office			28f. Location /	Street and Numb	er or Rura	l Route i	Number	
2	or Attendation of Attendation of Columbia of the original of t	Certification:	4 ☐ Homicide determi	building	, etc. (Specity)	0, 101111, 011	001, 1001019	, 011100			City or To		01 01 110.0	7100101	· · · · · · · · · · · · · · · · · · ·	
	pital prai	- 1	One Contilled and Control													
	Hos 24 ho Fun tely	edical	(Original Street of the Street	Physician: To the be xaminer: On the basi	is or examinetic	edge, deeth n end/or inv	occurred overtigetion,	et the tir In my o	me, dete en opinion, dee	d pleca, e th occurre	end due to the ed et the time,	ceuse(s) end ma dete end place,	inner as st end due t <i>o</i>	ated. the cau	se(s)	
	To the Hospital or Attend within 24 hours after death To the Funeral Director: / completely filled in by the f															
	O T W TO		29b. Signeture end title of certifier				290		e number			29d. Dete signe			ir)	
			CHUINCH	My ru	D			D30	718			May 1	0, 19	196		
			30. Mame end eddress of person v	who completed cause	of deeth (Item 2	Зе) (Туре,	Print)									
			John D. Jackson	n, M.D. 200)3 Medio	cal Pi	kwy A	nnar	olis,	MD	21401	(410-573	-1110))		
	Sta	te	31 Date filed (Month Day Year)	0 1000 32. Reg	isfate Signatur	Θ, 4	2									
	Registr		MATI	0 1996	Juna wav	14501-1	landeres									

PROPERTY OF THE PA - - - A E 10 2 201 ---2012

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the fleath. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			CERTIF	ICAIL	UF	DEA	ın		REG. NO	·.		
į	1. DECEDENT'S NAME (First, Middle, List) Levie		Т	Becker					MONTH		AY	YEAR	TIME OF DEATH
									May	10	199		:10 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In y	rs. last birthday)	IF UNDER		IF UNDER		7. DATE C	Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	578-05-5771	1 🗆 M 2 💢 F	83	YRS.	MONTHS	DAYS	HOURS	JAN.	Nov	4. 1	912	Vashir	ngton, D.C.
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN C	R LOCATION	ON OF DE		,		TY OF DEAT	
E	Mariner Health	Care Cen	ter		ī	Laur	1ء				Princ	oo Coo	orge's
5	RESIDENCE OF DECEDENT					-aui	<u> </u>				h I THE	e Geo	orge s
Ä	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	ION					10	d. INSIDE CITY
ā	Maryland Princ	ce George	's	U	pper	Mar	1bor	0				1	LIMITS?
님	10e, STREET AND NUMBER						. ZIP CODE				10g, CITIZ		AT COUNTRY?
FUNERAL DIRECTOR	6608 Hallam Dr	rive					2077	2			11	C A	
Z	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13 V				IC OBIGINS	(Specify Yes	U.S.A.		
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	NO	H	yes, spe	ecity_Cuba	n, Mexican	, Puerto R	Ican, etc.)	07 140-		American Indian, fhite, etc.
BY	3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE W	IAH OH DATE:	5	1 ☐ YES 2 🛣 NO Specify: Specify:						Specify:	White	
8	15. DECEDENT'S EDU		16:	a. DECEDENT'S	EDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						WILLE		
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)		7.5	(Give kind of a	vork done d	luring mo	st of working	ng	100.	KIND OF BO	3114E35/1140	USTAT	
4	12	College (1-4 or 5	•)	Secre	toru				D1 D C				
N	17. FATHER'S NAME (First, Middle, Last)			Decre	Lai y				Peoples Drug Store AME (First, Middle, Melden Surneme)				re
ŭ	Vernon Uptheg	Marra									,		
BE	19e. INFORMANT'S NAME (Type/Print)	rove								Gunne			
2				19b. MAILING									
	Elizabeth R. Gr			6608	Halla	m D	r. U	pper	Mar1	boro,	Mary	land	20772
	20e, METHOD OF DISPOSITION 1	noval from State	20b. Pt.	ACE AND DATE	PEDISPOSE	TION /No.	me of		DATE	20c. LO	CATION — C	City or Town,	State
- 1	4 Donation 5 Other (Specify)		Ft.	y, cremetory or o Linco.	ln Ce	met	ery	5/	/14/9	6 Bre	ntwoo	d. Ma	rvland
- 1	Ft. Lincoln Cemetery 5/14/96 Brentwood, Mary George P. Kalas Funeral Home												
	Heread 188	2/11			6	eor	ge r	. Kal	las r	unera	T Hom	ie	
	23. PART I. Enter the diseases or	complications the	t onused th	a death Da s	0	TOO	UXOI	n Hil	LL Kd	. Uxo	n Hil	1, Md	.20745
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, interest failure. List only one cause on each line. IMMEDIATE CAUSE (Final												
- 1	IMMEDIATE CAUSE (Final disease or condition	D											Onset and Death
	resulting in death)	Pneun											5 days
	DUE TO (OR AS A CONSEQUENCE OF):												
S	Sequentielly list conditions,	b											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	JE TO (OR AS A CONSEQUENCE OF):										
5	CAUSE (Disease or injury	C											
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CO	NSEQUENCE OF	7:								
#		d											
2	PART ii. Other aignificant condition	ne contributing to	deeth but r	not resulting i	n the unc	terlying	Callea C	liven in F	Part i	24a. WAS AN	ALITOREY	T 0.45 MF	RE AUTOPSY FINDINGS
EDICAL						zon, mg	, oudse g	giveii mi v		PERFOR	MEO?	AM	AILABLE PRIOR TO
<u>a</u>	-								- 1	1 YES 2	NO		MPLETION DF CAUSE DEATH?
Σ									[1 [YES 2 NO
Z	DID TOBACCO USE CONT	RIBUTE TO CA					UNC	ERTAIN					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. 1	PLACE OF OEAT	H (Check o								
YSI	1 YES 2 NO	1 Inpetient 2	ER/Outpaties	nt 3 🗆 DOA			5 🗆 Re	aldence 6	□ Other	(Specify)			
E	27. MANNER OF DEATH	28e. DATE OF (Month, De		28b. TIM	E OF URY	28c. INJU	JRY AT		28d. DE\$C	RIBE HOW I	NJURY OCC	URED	
B	1 Natural 5 Pending 2 Accident Investigation				М		ES 2	NO NO					
	3 Suicide 6 Could not be	28e. PLACE Of	F INJURY — /	At home, lerm, a	treel, facto	ry, office			261. LOCA	TION (Street a	and Number o	or Rural Route	Number,
2	4 Homicide determined		ater (opoony)						City of	Town, State)			
ון בֶּ	290. CERTIFIER 1 V CERTIFYING PHYS	ICIAN: To the heat of	mu knowledo	a doub assume	d -0.05 - 01-			7.77.57.00	W 1 7 - 2	Salvo, sa			
₹		ICIAN: To the beet of											Contraction (Contraction)
COMPLETED		ER: On the basis of ex	Carrieration on	aror investigatio	n, in my op	inion, de	min occun	ed at the H	Ime, dete e	nd plece, an	d due to lhe	ceuse(e) en	d manner es steted.
H H	296. SIGNATURE SHO TITLE OF CERTIFIE	7 /					29c. LICE	NSE NUME	BER		29d, DATE	SIONED (Mo	onth, Day, Year)
<u>و</u>	10/49/10	Camph.	()				D 2	4942			► Ma	av 11	. 1996
-	30. NAME AND ADDRESS OF PERSON WH											,	
	Gregory A. Comp	ton 831	7 Chei	rry Lan	e, L	aure	el, M	ld. 2	0707				
	31. DATE FILEO (Month, Day, Year)	32 REGISTRA	R'S SIGNATUR	RE									
	MAY 1 4 1996	Jeli de	volument	artall									

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DHMH 16 Rev 6/95

State Registrar 31. Date flied (Month, Day, Year) MAY 06 1996

Registrer's Signetur

3 2005

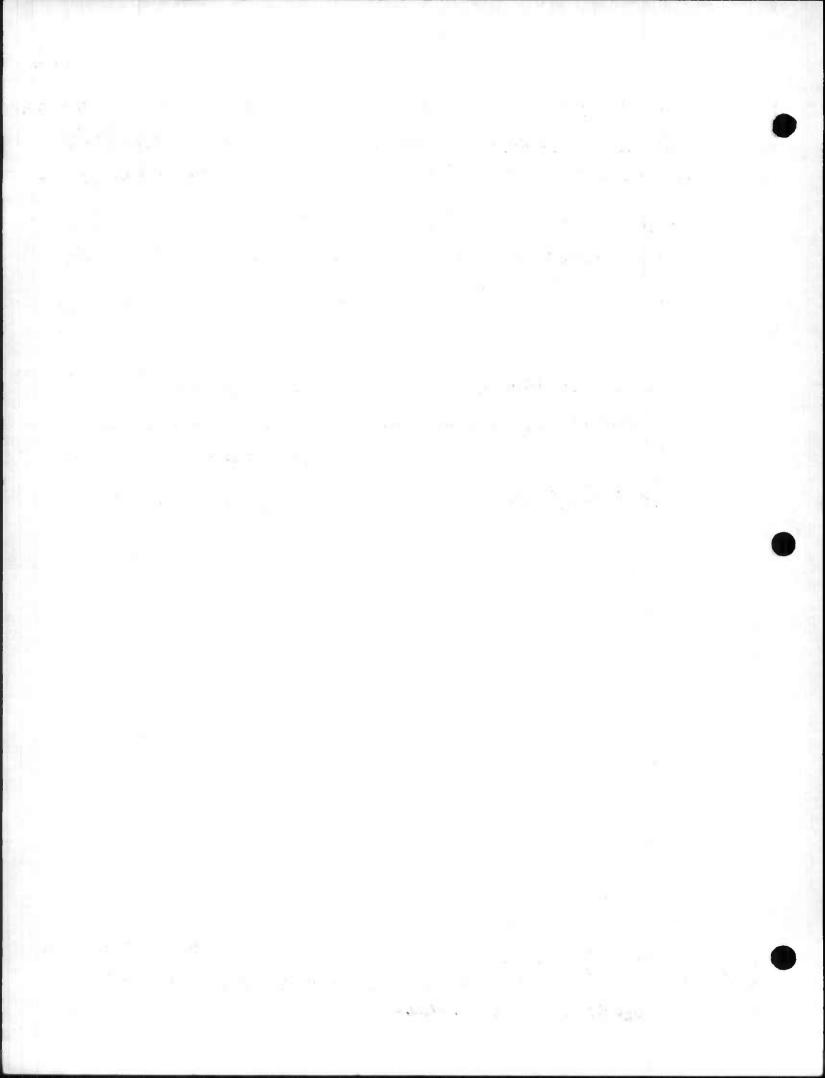
16/32/10

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State of Maryland / Department of Health and Mental Hygiene

9 (5	5	7	0	-

				Certificate of Death	Reg. No.	10/04
	L., E		Decedent's Neme (First, Middla, Last)	l l	2. Data of Death	3. Tima of Deeth
	Physici		HATTIE B BEL	_	Month Dey Yaer	5:07A
	/Medi Examir		4a. Fecility Nema (If not institution, giva street end number)	4b. City, Town, or Loc		
	***************************************		Southern MANY/AND	HOSPITAL CHINTE	ON PRINCE	- GEONGE
	Funeral		5. Social Sacurity Number 6. Sex 7. Age (In yrs. lest b			place (State or Foreign
	Director		231-01-6700 10M 2PEF 74	Yrs. Months Days Hours Min.	May, 19, (92) VIE	ainia
	P.		Usual Rasidance of Decedent			0
	show			wn or Location		10d. inside City Limits
	the Mar 28a-f sh	cto		mple Hills		1 ☐ Yes 2 ☐ No
	1 th	Director	10e. Street and Number	10f. Zip Code	10g. Citizen of Whet Cou	ntry?
	within 72 hours after deeth with the Maryland ene. than "natural", or items 23a or 28a-f show he Madical Everning must be notified at	rai	2113 LVerson Ofree	7 20148	4.0	·H
	her dee	Funeral	11. Maritel Stetus 12. Was Decedent Ever in U,S. Armed Forces?	13. Wes Decedant of Hispanic Origin? (Specif Yes, specify Cuben, Maxican, Puerto R	cify Yes or No- lican, etc.) 14. Rece - Ameri Black, Whita,	
20	s aft	by F	1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yas, Giva 3 ☑ Widowed 4 ☐ Divorced Yaar or Detes:	1 ☐ Yas 2 No Specify:	Specify: Q	- 0 1-
21215-0020	hou			a. Decedant's Usuai Occupation	16b. Kind of Businass/in	ac C
5	in 72	Completed	(Specify only highest greda completed)	(Giva kind of work done during most of workin life. DO NOT usa ratired)	g Tob. Kind of Businassyn	loustry
212	d within	E	Eiementery/Secondary (0-12) Collega (1-4or 5+)	Housewife	Ham	0.
	be filed w tal Hygien d other th event, the	Be C	17. Fathar's Nama (First, Middla, Last)		(First, Middla, Maidan Sumama)	
<u>a</u>	Mental Mental arked o	To B	Calib Lee Morris	Ella	Brose	
Maryland	de la ma	-	19e. Informant's Name/Raiationship (Type, Print) 19	9b. Malling Address (Street and Number or Rural	Routa Number, City or Town, Stata, Zij	o Coda)
	1 end 2 Heeith e am 27 is		Lelia Bell-Manley - Daughter &	2113 Iverson St. T	Temple Hills Ma	1.20748
re	of He ltan		20a. Mathod of Disposition 20b. Place	of Disposition (Nama of ery, crametory or other place)	Data 20c. Location - City or To	
E	Pages nent of nt: If Its iry or o		1 Locurial 2 Locramation 3 Li Hemovei from Stata 🗻	ver Memorial Gene 5	-4-96 Suffolk.	VA
Baltimore,	permit. Pages 1 end 2 Department of Heelth of Important: if Itam 27 is any Injury or other tra once.		21. Signature of Funerel Service Licensea		1-1	
m	Depariment Deparement of the p		& hilly (soll	22. Nama end Address of Fecility Lewis Funeral	Alex. VA. 25	314
2.			23a. Part1. Entar the disaesa, or complications that caused the daeth. Do shock, or haart failura. List only one cause on each line.	31) N. Potrick 51 on not antar the mode of dying, such es cardiac or	respiretory errest,	Approximata
	Physician		snock, or heart failura. List only one cause on each line.	Α		Intarval Batween Onset and Deeth
9	/Medical		Immediata Causa (Finel diseesa or condition	by failure, Ros	adialitis	
- 1	Examiner		rasulting in deeth)	consequence of):	ACTUR GOLLIE	
	D #	Examiner	obliteran	s, bronchoprem	oria	
	tificate be axecuted ig physician and as the burial-transit	каш	Sequentially list conditions. Dua to (or as a	a consequence of):	11	
60,	be ax		if any, laading to immadiate cause. Entar Undarlying Causa (Disaasa or Injury C	pertrophic Cadi	myspartny	
68760,	icate be a physician s the buria	edicai	that initiated events	consequence of):		
×	The law requires that the deeth certificate be ate hes been signed by the attending physicia page 2 should be detached for use as the but	2	chronic re	mal forture, o	menning,	
. Bo	aw requires that the deeth certifes been signed by the attending 2 should be detached for use a	Physician/		U		
Ö	the d	iysi	Pert II. Other significant conditions contributing to death but not resulting	in tha undarlying causa givan in Pert i.	23b. Did tobacco use contribute t	
م	that led b	4 V			1 □ Yes 2 No 3 □ Pro	bably 4 Unknown
g	uires sign	d by			24a. Was an autopsy 24b. W	ara autopsy findings
8	A red bee	lete			CC	railable prior to empletion of cause daath?
Re	e hes	Completed				☐ Yas 2☐ No
Division of Vital Records, P.O.	ilcian: The certificate rector, pag	BeC	25. Was casa rafarrad to medical	26. Place of Deeth		
<u> </u>	yaicia s ceri	To B	axaminar? 1 ☐ Yas 2 ☑ No Hospital: 1 ☑ Inpatient 2 ☐ ER/O	Other	ie 5 ☐ Rasidance 6 ☐ Other (Special	(v)
0	g Physia this neral di	=	27. Manner of Death 28a. Data of Injury 28b.		8d. Dascribe how injury occurred	,,
Ö	ittanding I death. ctor: Aftar y the funer	atio	2 ☐ Accidant Investigation	M 1 Yas 2 No		
N N	r Atte	Certification:	3 ☐ Suicida 6 ☐ Could not be determined 28a. Place of Injury - At home, the building, atc. (Specify)	arm, streat, factory, office	Bf. Location (Street and Number or Fluid City or Town, Stata)	al Routa Number,
Q	o lation of the control of the contr					
	To the Hospital or Attanding Physician: The is within 24 hours effect death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	29a. Certifiar (Check only Medical Examinar: On the basis of axamination a	e, death occurred at tha tima, date and place, and nd/or invastigation, in my opinion, death occurre	nd dua to tha cause(s) and mannar as s d at tha tima, data and place, and dua t	statad. o tha cause(s)
	the the	Med	end manner steted.	29c. Licansa number		
	1		29b. Signeture end titla officeration		29d. Date signed (Month,	
	15)		M. M.	D. 17626	0 1112621	11110
	9		30. Nama and determ of prison who complated causa of death (Item 23e) W. SAEED Koo LAEE, 6188		Adam HELL Mi	
	CAO	to	31. Data filed (Month, Day, Year) 32. Racityrar's Signature	OYON NITCE Ka. C	المام المام	1-
	Sta Registr		31. Data filed (Month, Day, Year) 53. Ragistrar's Signature (MAY) 07 1996	164		



DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TA hours after death. Page 6 may be retained by the hospital or attending physicia	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ti
R	24 hours after	filled in by the
RECORDS, P.O. BOX 68760	requires that the death certificate be executed within	been signed by the attending physician and completely
DIVISION OF VITAL I	OR ATTENDING PHYSICIAN: The law	. DIRECTOR: After this certificate has by

as the burial-transit permit. Pages 1, 2, 3 should ending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 17 hours after death. Page 6 may be retained by the hosp TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F		/ DEPARTMENT				MENTAL	HYG	EN
		C	ERTIFICATE	O	F DEAT	ГН		REG.	NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT 0	F HEALTH AND OF DEATH	MENTA	AL HYGIEN	E						
	1. DECEOENT'S NAME (First, Middle, Last) ISabel	Brock				2. DATI MON	E OF OEATH	. / .	YEAR 3.	TIME OF DEATH				
		1 - M 2 Dr	yrs. lest birthdey) VRS.		AR IF UNDER 24 HRS. AYS HOURS MIN. WN OR LOCATION OF	Feb	OF BIRTH th, Day, Year)		Country)	ACE (State of Foreign				
STOR	CARRIAGE HILL NUR	SING CENTER	i	Silv	er Spring			Mont						
DIRECTOR	District of Columb	ia	10c. CITY	, town on L Washi	ngton					d. INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	2112 I Street, N.	E. Apt. 10			10f. ZIP CODE 2000	2				tates				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3.X Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 X NO	If yes	DECENDENT OF HISP. s, specify Cuban, Maxie YES 2 X NO Specific	can, Puarto	N? (Specify Yes Ricen, atc.)	or No- 14	Black, W Specify:	CE — American Indian, ack, White, atc. acity: Black				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION 1 mpleted) College (1-4 or 5+)	life. Do NOT use	rork done durin e retired.)	g most of working	16	b. KIND OF BUS	INESS/INDUS		DIACK				
OMP	7. FATHER'S NAME (First, Middle, Last)		Hot	el Mai		AME (First,	Middle, Maiden S	rivat	e	-				
BE	Lucian Thornton 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	Marth		derson	State Zin Cr	nrie)					
2	McKinley Brock -		8500	l6th S	Street, #3					20910				
	20a. METHOD OF DISPOSITION 1 Date Donation Date Date Commetten, crematory or other place A Donation Donation Date Dat													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, D.C.														
ATION	23. PAPT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):										
A	PART II. Other algnificent conditions of	contributing to deeth but	not resulting is	n the underl	lying ceuse given is	Part I.	24a. WAS AN A PERFORI 1 YES 2	MEO?	CO	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?				
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIE	BUTE TO CAUSE OF	DEATH YES	S I NO	☐ UNCERTA	IN 🗆			1 [YES 2 NO				
SICIA		QSPITAL:		OTHER:										
λH _C	27. MANNER OF DEATH	tnpetient 2 ER/Outpetie	28b. TIME	OF 26c.	Home 5 Residence INJURY AT WORK?	_	SCRIBE HOW IN	JURY OCCUP	RED					
β	Natural 5 Pending Accident Investigation Suicide 6 Could not be	26s. PLACE OF INJURY	At home, farm, st	M 1	YES 2 NO	261. LOC	ATION (Street ar	nd Number or	Rural Routs	Number				
ETE	4 Homicide detarmined	building, atc. (Specify)				City	or Town, State)	37 17						
COMPLETED		N: To the best of my knowled On the basis of examination a							ause(s) an	d manner as stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER CLOUL PLANNING N	16			29c. LICENSE NU	IMBER		29d, DATE SI	igned (Mo	onth, Day, Year) 29, 1996.				
	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	130 - C	Primi)	on stre	et:	Silne	Spriv	אמ לב	29, 1996. D				
	31. DATE FILEO (Month, Day, Year) MAY 0.7 1996	31. DAYE-FILEO (Month, Day, Year) 29 REGISTRAR'S SIGNATURE												

i.b

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical Examiner

3. Time of Deeth

Funeral Director

the Maryland show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at death

permit. Pages 1 and 2 should be filled within 72 hours attar (
Department of Haulth and Mantal Hygiene.
Important: If tern 27 is marked other than "natural" or han any injury or other treasment. 3altimore, Maryland 21215-0020

> Physician /Medical Examiner

Examiner

Physician/Medicai

à

Completed

Be

2

Certification:

Medicai

sician and burial-transit that the death certificate be executed attending physician for use as the buna ate has been signed by page 2 should be datac certificate After this funeral To the Hospital or Attending I within 24 hours after death.
To the Funeral Director: After filled in by the

Box 68760

P.O.

Records,

Division of Vital

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Yeer WILLIAM J. BALL, JR. 24, APRIL 1996 1750PM 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death 5102 INDIAN HEAD HIGHWAY-PARKING LOT FOREST HEIGHTS PRINCE GEORGES 5. Social Security Number 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 1**∑** M 2□ F Months Deys Hours 579-76-9779 Yrs. 37 WASH., D.C. Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits NA NA WASHINGTON, D.C. 1 X Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1011 7th Street, S.E. #305 20003 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 □ No If Yas, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1Ñ Never Merriad 2 ☐ Married 1 ☐ Yes 2 ☒ No Specify: BLACK Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working lifa. DO NOT use retired) Eiementery/Secondary (0-12) College (1-4or 5+) MOVER/NURSE PRIVATE 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) WILLIAM J. BALL, SR. DELORES THOMAS 19e. fnforment's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) DELORES T. JOHNSON / MOTHER 1011 7th St., S.E. #305, Washington, D.C. 20003 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - Cify or Town, Stete Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) HARMONY MEMORIAL PARK 5/3/96 LANDOVER, MARYLAND 22. Name end Address of Fecility ALEXANDER S. POPE FUNERAL HOMES 5538 MARLBORO PIKE, FORESTVILLE, MD. 23a. Pert1. Enter the disease, or shock, or heart failure. List cation that caused the deeth. Do not enter the mode of dylng, such as cardiec or respiratory errest, a cause on each line. Approximete Intarval Betw Onset end Deeth unds (2) of Head and Neck Immediata Causa (Finel diseese or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Dua to (or es e consequenca of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No 24a. Was en eutopsy performed? 24b. Wera autopsy findings aveilable prior to completion of cause of deeth? 2 No 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 \square Nursing Home 5 \square Residence 6 **2**Other (Specify) AT SCENE 1 Yes 2 No 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending 1 Neturel bject 1 Yes Investigation 4(24/94 2 Accident 1530 HR 3 ☐ Suicide 6 Could not be datarmined Location (Street and Number or Rural Route Number, City or Town, State) 5 (02 Inclination) 28e. Piece of Injury - At home, ferm, straet, fectory, office building, etc. (Specify) Vehicle. Meer 4 Homicide

1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and makiner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and makiner as stated. Merlignor

O.C.M.E.

29d. Dete signed (Month, Dey, Year)

APRIL 25, 1996

29c. License number

State Registrar

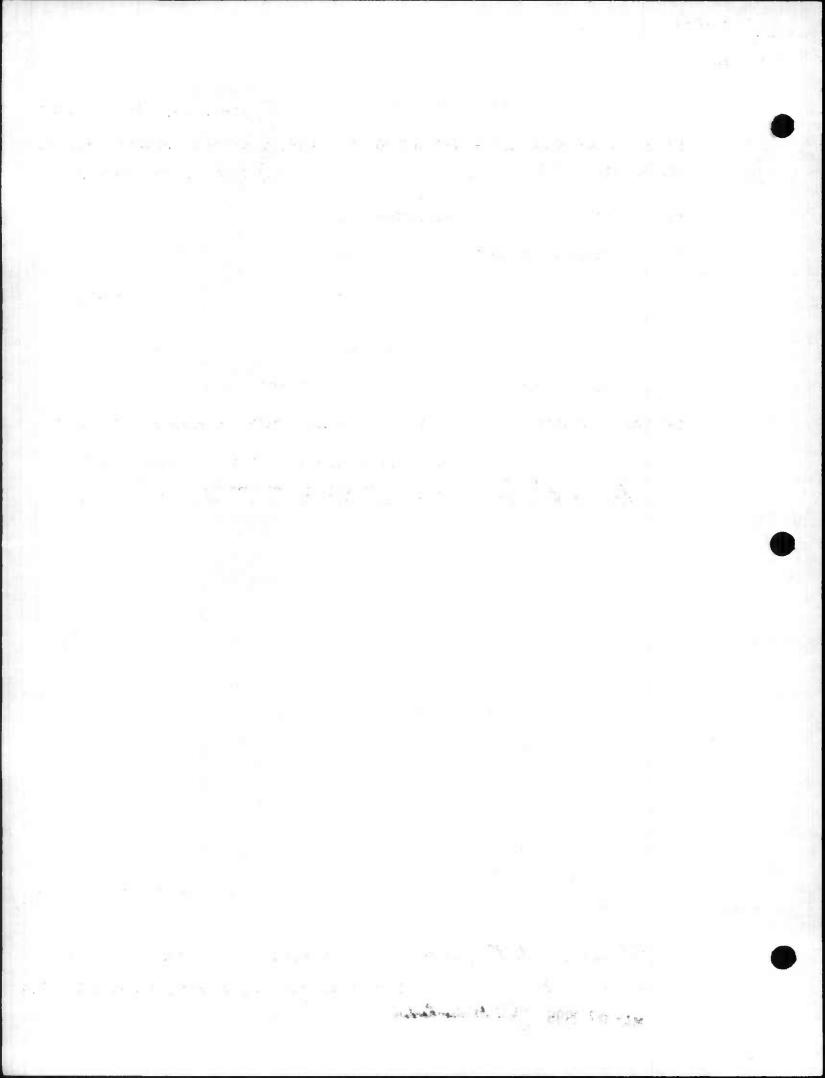
29e. Certifier (Check only one)

29b. Signeture end title of cartifier

31. Deta filad (Month, Dey, Yaar)

30. Name end eddress of person who completed cause of death (Itam 23a) (Type, Print)

THEOUNE M. M. K. 111 Penn Street, Baltimore, Maryland 21201 Registrer's Signetur



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

					$C\epsilon$	ertificate of	Death		Reg. No.						
	Physic /Medi		1. Decedent's Neme (First, Middle, Las Kirk Walter	,					of Deeth		3. Time of Death 428 A				
3	Exami		4a. Facility Name (If not institution, giva 1870 Emmanuel (The second second				wn, or Location of ngtown		of Deeth					
	Funeral Director		5. Social Security Number 6. Sa 213 34 9105 11 Usuel Residence of Dacedant	1X 7. Age (In yr ⊠ M 2□ F 6 0	s. lest birthday Yrs.	Months Deys		Min. (Mon	of Birth th, Dey, Year) ary 7 1936	9. Birthplace Country) Washi	e (Steta or Foreign Ington D(
	Ba-f show	Director	10a. Stata 10b. County Maryland Calve		City, Town or L [untin						Inside City Limits 1 ☐ Yes 2 ☒ No				
	ath with the 230 or 2 want be no	ral Dire	10e. Street and Number 1870 Emmanuel (Church Road		10f. Zip Code 2063			10g. Citizen of United						
0200	within 72 hours after death with the Maryland ene. than "natural", or items 23e or 28e-f show he Modical Examinat must be notified at	by Funeral	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Evar in Armed Forces? 1 XYes 2 No If Yes, Giva Yaar or Detes:	U,S. 13.	Was Decedent of If Yas, specify Cu 1 ☐ Yes 2 ☐ No		oln? (Specify Yas , Puerto Rican, et	or No- c.) 14. Rad Ble Specify	ce - American I ck, White, etc. White					
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Marylar Haalth and Mentel Hygiene. If the firm 27 is marked other than "natural", or items 23e or 28e-f show then 27 is marked other than "natural", or items 20 or 28e-f show other traumatic event, the Modical Examiner must be notified at	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12)	ucation de com <i>pleted)</i> College (1-4or 5+)	life.	edent's Usuel Occu e kind of work done DO NOT use retire COMINIC	ation	s Opera	16b. Kind of B	e Dep					
Maryland	should be filed withind Mentel Hygiene. I marked other than umatic event, the Mentel Men	To Be	17. Father's Name (First, Middle, Last) William Walter	Bivens			Mar	garet A	liddle, Maiden Sumer Ashley Ro	blnsc					
	1 and 2 sho Haalth and em 27 is me		19e. Interment's Neme/Relationship (Type, Print) Edward Bivens 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Coo 1870 Emmanuel Church Huntingtown Ma												
Baltimore,	Page net: H iry or		20a. Method of Disposition 1 Burlel 2 Crametion 3 4 Donation 5 Other (Specify)		complany cre	matory or other ni	remat	ory 11,	1996 Alexa						
Bal	permit. Departn Importa any inte		21. Signature of Funerel Service Licens Brouch	4 Donation 5 Other (Specify) Metropolitan Crematory Alexandria Virg											
Box 68760,	The law requires that the death cartificate be executed as the has been signed by the attending physician and page 2 should be deteched for use as the bunal-transit	In/Medical Examiner	23a. Pert1. Enter the disease, or comp shock, or haart failure. List only o immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in daeth) Last	a. Retrace Due to Due to	(or es e conse	quence of): quence ot): Quence ot):	Lom	y of	vart Fa Teg Disean	Int	pproximete level Between neet and Death				
0	the death ca y the attendi	Physician/	Pert ti. Other significant conditions co	ntributing to death but not re	sulting in the	underlying causa g	iven in Pert t.	23b	. Did tobacco use co	1					
Records, P.	v requires that tha de been signed by the a should be dateched i	þ	Irene I	John de	o D	Leu	· Mo	llele 248.	1 ☐ Yes 2 ☐ No Wes en eutopsy performed?	24b. Were	eutopsy tindings				
I Reco	The law rate has be	Completed	0.020.000			, , , ,	0 11		1 Yas 2 No	of dee	etion of cause oth?				
Vital	ysician: The satisficata director, pag	Be	25. Wes case reterred to medical examiner?	1.01			26. Place	of Deeth (Check	only one)	1					
of		tion: To	1 Yes 2 No 27. Menner of Deeth 1 Neture 5 Pending 2 Accident Investigation	1 Inpatient 2 28a. Dete of Injury (Month, Day Year)	28b. Time of injury	ot 28c. tnje		28d. Des	Residence 6 Oth cribe how injury occur						
Division	al or Attending s after death. if Director: After od in by the fune	Certification:	3 Sulcide 6 Could not be determined	28e. Piece ot tnjury - At building, etc. (Spec		tion (Street and Numb or Town, Stata)	per or Rural Ro	oute Number,							
	To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this complately filled in by the funeral di	edical	29e. Certifier 1☑ Certifying Phy. (Check only one)	eician: To the best of my kr ner: On the basis of examir end menner stated.	owledge, deel letion and/or li	th occurred at the the threatigetion, in my	ime, dete end opinion, deet	d plece, end due to h occurred et the	o the ceuse(s) end me time, deta end piace,	enner es stete end due to the	d. e cause(s)				
)	S S S S S S S S S S S S S S S S S S S	M	29b. Signeture end title of certifier	. mDpAl	land	DI	number 74	27	29d. Date signe	Month, Dey	; Year)				
×	Sta	te	30. Name and eddress of person who con Anwar T. Munsh: 31. Date tiled (Month, Day, Year)	J	0 Hos		d., P	rince E	rederick	, MD	20678				
	Registr		MAY 1	1996	Ma volen	Randall									

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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death 3Day **Physician** MAY 1996 BRENDA BRYANT LYNN 0650 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 11000 BLK. LIVINGSTON ROAD FORT WASHINGTON PRINCE GEORGES If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Days 1□ M 2XF 36 Yrs. 217-82-5013 JAN. 12,1960 WASH. DC Director Usual Residence of Decedant daath with tha Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "naturel", or items 23s or 28s-f show the Mexical Examiner must be notified at PRINCE GEORGES SUITLAND 1 Yas 2 No Direct 10e. Street and Number 10f Zin Coda 10g. Citizen of What Country? 4415 RENA ROAD, #203 20746 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Maritai Status filed within 72 hours aftar Hygiena. 1 Nevar Married 2 Married ☐ Yas 2**X** No f Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify: þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 18b. Kind of Businass/Industry Elementery/Secondary (0-12) Coliaga (1-4or 5+) ADMINISTRATIVE ASSISTANT P.G. COUNTY GOV'T permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Nem 27 Is merked oth any injury or other treumstic event any injury or other treumstic event 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 0 VINCENT L. DODSON YVONNE LEE 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) MICHAEL BRYANT-HUSBAND 4415 RENA ROAD, #203 SUITLAND, MD 20746 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 5-9-96 1 MBurial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) LAUREL, MARYLAND MARYLAND NATIONAL CEM. 21. Signature of Funeral Septice Lice 22. Nama and Addrass of Facility TAYLOR'S FUNERAL HOME Cu 1722 NORTH CAPITOL ST., NW WASH.DC 20001 23a. Part1. Enter tha disaasa, or complications the shock, or haart failura. List only ona caus Approximata Intarval Between Onsat and Deat caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arm **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner Dua to (or as a consequence of Physician/Medical Examiner requires that the death certificate be axecuted Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or Injury that initiated events rasulting In death) Last and Dua to (or as a consequence of) physician s s the burial-Box 68760. Dua to (or as a consaquance of): the . Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco uss contribute to the causs of death? o signed by t 1 Yee 2 No 3 Probably 4 2 Unknown 0 Records, by 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen WE has Thai Yas cartificata 14 Yas 2 No 2 \(\text{No} \) Division of Vital Physician: 25. Was case rafarred to madical axaminar? Be 26. Placa of Daath (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Residence (Specify) ROADWAY P XX Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funaral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Aftar or Attanding 1 □ Naturai 5 Panding Injury bject pedestran struck be daath. 2 Assident investigation 1 Yas 13/96 Director: 6 Could not be datarmined 28f. Location (Street and Number or Rural Rout City or Town, State) 1100 block 3 Suicide 28a. Placa of Injury - At homa, ferm, straat, factory, office building, atc. (Specify) aftar 4 Homicide n 24 hour. the Funeral Dire roadway Livingstone Road france ? Hospital 29a. Certifian Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end mennar as steted. 1 Certifying Phyelcian: To tha best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as steted. Medical (Check only one) To the I within 2 To the I complat 29b. Signatura and titia of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year) O.C.M.E MAY 3, 1996 274 (our 30. Nama and addrass of person who complated cause of death filam 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 HEUBORE MIKING

gistrar's Signatus

Registrar

31. Data filad (Month, Day, Year)

MAY 08 1996

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week and her fit is

State of Maryland / Department of Health and Mental Hygiene

			erinicate of	Dealli	Reg
	1. Decedant's Nema (First, Middle	a, Last)	-		2. Data of Deeth
Physician /Medical	FRANK	BETHEA			MAY
Examiner	4e. Fecility Nama (If not institution	n, give street and number)		4b. City, Town, or Lo	cation of Deeth
	HOWARD COUNT	Y GENERAL HOSAITAL		COLUMBI	4
Funeral	5. Social Sacurity Number	6. Sax 7. Age (In yrs. last birthda)	y) if Under 1 Yea		8. Data of Birth

68

4c. County of Deeth HOWARN (Month, Day, Year)

Day

1⊠M 2□F 578-03-3529

Months Davs Hours

 Birthplaca (Stata or Foraign Country) Dec. 17, 1909 Dillon S.C.

1996

Usuel Rasidance of Decedant 10a. State 10b. County

Director

Director

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Examiner

Physician/Medical

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Certification:

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7 is merked other than "natural", or items 23s or 23s-f show traumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after dear Department of Health and Mental Hyglene. Important: if them 27 is merked other the eny injury or other trausments.

Physician /Medical

Examiner

physician and the buriel-transit

been signed t should be det

f or Attending Physician: effar death. Director: After this certifica

To the Hospital within 24 hours e To the Funeral D

In by

Division of Vital Records, P.O. Box 68760,

10c. City, Town or Location Columbia

10d. insida City Limits 1 🖫 Yas 2 🗆 No

3. Tima of Death

7:05AM

Maryland 10e. Street and Number

10f. Zip Coda 10g. Citizen of What Country? 21045 United States

6820 Sewells Orchard Drive

1 □ Never Merried 2 □ Married

Howard

12. Was Decedant Evar in U,S Armed Forces? 1 Yas 2 No If Yas, Give Yaar or Datas:

13. Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 Yas 2 X No Specify:

14. Raca - American Indien, Bieck, White, etc. Specify: African American

3 XWidowed 4 ☐ Divorced 15. Decedant's Education (Specify only highest grada complated)

College (1-4or 5+) Retired Federal Employee

16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use ratired)

16b. Kind of Businass/Industry

17. Fether's Neme (First, Middle, Last)

Elementary/Secondary (0-12)

18. Mothar's Nama (First, Middle, Maldan Surnama) Mary Ann McRay

Dennis Bethea

19a. Informant's Neme/Relationship (Type, Print)

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda)

John W. Kinney, Jr. 20a. Method of Disposition

20b. Place of Disposition (Name of Maryland National

6820 Sewells Orchard Drive, Columbia, MD 20c. Location - City or Town, Steta

Government - GSA

1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify)

Memorial Park

5/10/96 Laurel, Maryland

21. Signature of Funaral Sarvice Licensea

22. Nama end Address of Fecility

STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, D. C.

rt1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, nock, or heart fellura. List only one cause on each line.

Approximata Intervel Between Onsat and Death

Immediate Cause (Final disease or condition resulting in death)

PHEUMONIA

Dua to (or es e consequança of):

DAYS

LEARS

Sequantially list conditions, if eny, laading to immediete cause. Enter Underlying Ceusa (Disaasa or injury that initiated evants resulting in daath) Last

DEMENTIA

Due to (or as a consequence of)

Dua to (or es s consequence of):

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

DEHYDRATION, HYDERCALCEMIA, RENAL FAILURE,

HYPERTENSION, FECAL IMPACTION, CORONARY ARTERY

24a. Was an autopsy performed?

24b. Wara autopsy findings evailable prior to completion of cause of death?

CHRONIC OBSTRUCTIVE LING DISEASE DUZENSI

1 Yas 2 No

1 ☐ Yas 2 No

25. Was casa rafarred to medical axaminar?

Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA

Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28d Dascribe how injury occurred

28. Placa of Death (Check only ona)

27. Mannar of Death 5 Pending invastigation 1 Naturel 2 Accidant 6 ☐ Could not be datamined

28a. Data of Injury (Month, Day Year) 28h Time of

28e. Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28c. Injury et Work? 1 Yas 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

29a. Cartifiar

3 Suicida

4 Homicide

1 Certifying Phyaician: To tha best of my knowledge, deeth occurred at tha time, data and placa, and dua to tha causa(s) and manner as stated.

2 Medicat Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred et tha time, data and place, and dua to tha cause(s) and manner stetad.

29b. Signatura end titla of certifier

29c. License number

29d. Data signed (Month, Day, Year)

May in

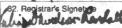
138296

30. Nama and address of person who completed causa of daath (itam 23a) (Type, Print)

JOSEPH GIBBONS, MA 9501 OH AUNAPOLIS RD, ELLICOTT CITY, MD

31. Data filed (Month, Day, Year)

MAY 9 9 1996



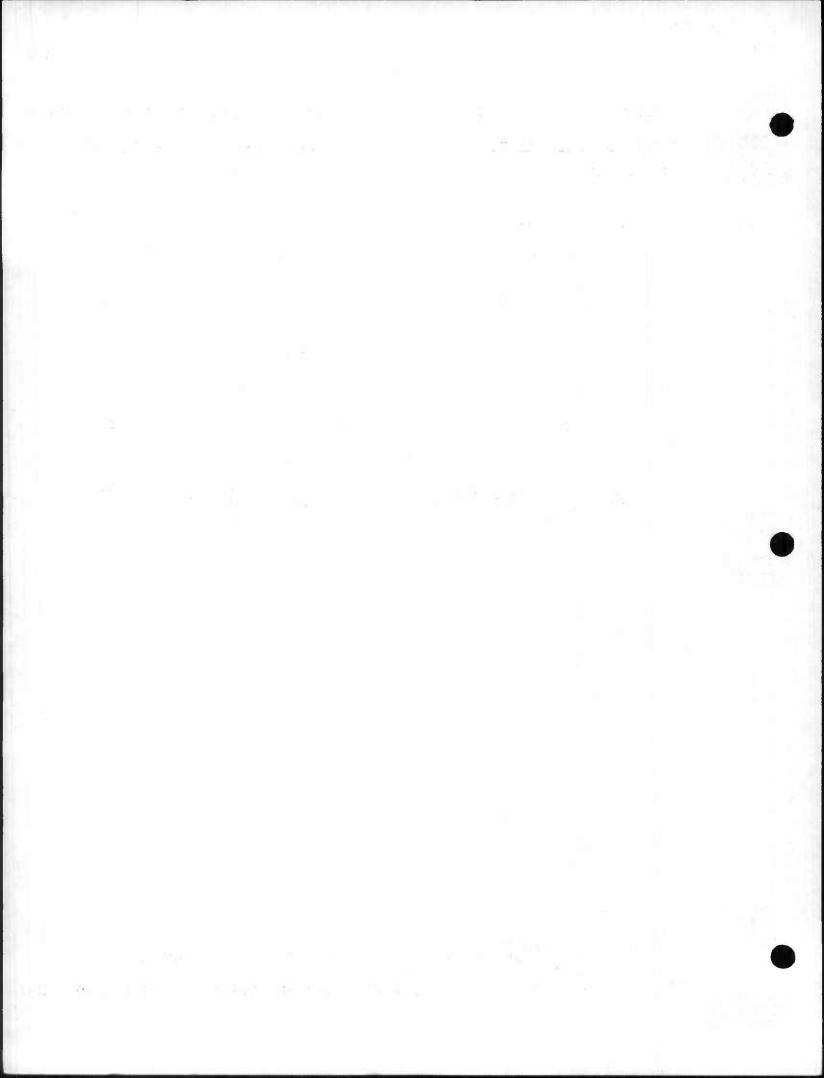
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

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			SUBURBAN HOS: 5. Social Security Number	6. Se		Age (in yr.	s last hirth	dev) If Unde	r 1 Yea	BETHES	S. 8 Date of Bi	th MON	TGOM		~	
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	ahyla d at	_	Toa. State Tob. County			100. 0	Jity, TOWIT	OI LOCATION						10d. Inside City Limit		
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0	or Attending after deeth. Director: After 3 in by the fune	ati	2 ☐ Accidant Invasti	gation	5/11/96			7:30 M	1[Yas 2xxNo		WAS SHOT				
<u> </u>	Att de octo	100	3 ☐ Suicida 6 ☐ Could detarm		28a. Place of	Injury - At	home, tan	n, street, fecto	y, office		28f. Location	Street and Nu	mber or Rur	STLE BLVD.,	e I	
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	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completaly filled in by the funeral		29a. Certifier 1□ Certifvin	a Phys		st ot my kr	owledge	death occurred	at tha t	ima, data and pla	ce and dua to tha			ING,MD.	-	
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			Clenn	1	Chia	BUR			O.C	.M.E.		MAY 1	3, 19	996		
			30. Name and address of person	who co	ompleted cause of	death (Ite	em 23a) (1						-X-1			
			Dennis J. Ch		te MD				2	treet	Raltim	re M	arvl	and 2120	1	
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DHMH 16 Rev 6/95



Robert Blanchard
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Manuford / Department of Health and Mental Hygiene 96

_							Ce	rtifica	ate of	Death	7		Reg. No.				
	mı	- 1	1. Dacedant's Nama (First, I	fiddia, Last)	1	-						2. Data of D Month	eath Day	Yes		3. Tima of Death	
	Physic /Medi		ROBERT ARTHUR BLANCHARD					May 1	1000			2235					
	Exami		4a. Facility Nama (If not Institution, give streat and number) 4b. City,					4b. City, To	. City, Town, or Location of De			ath 4c. County of De					
			ATLANTIC GENERAL HOSPITAL							BERLIN			WORCE		STER	R	
	Funeral		5. Social Security Number	6. Sax		7. Age (In	yrs. last birthday) If Under 1 Year				r 24 Hrs.	8. Data of Bi (Month, D	rth	9. E	Birthplace (State or Foreign Country)		
	Director		161-20-5726	1 🗆 🖹	M 2□ F	69	yrs.	Month	s Days	Hours	Min.	August 9				France	
	D		Usual Rasidance of Dacedar									ragase -	,			,	
	how	al Director	10a. Steta 10b. Co	unty		100	c. City, Town or L	ocation				10d. Inside				Inside City Limits	
	2 should be filed within 72 hours aftar death with the Maryland and Mental Hygiane. is marked other than "natural", or frems 23a or 23a-f show aumatic event, the Medical Examinat must be notified at		Maryland Wi	comico			Fruitla	nd								1 ☐ Yas 2 No	
			10e. Street end Number					10f. 2	Zip Coda				10g. Citiz	an of What	Country	?	
	h wit		4130 Disharo	on Rd.					2182	26		USA					
	deatl	Funeral	11. Meritel Status	edent Evar	ent Evar in U,S. 13. Was Decedant of Hispanic Origin? (5 se? It Yes, specify Cuban, Maxican, Puei				rigin? (Sp	ecify Yes or N	14. Race - American Indian,						
0	or its		1 Nevar Merried 2 Married 3 Widowed 4 Divorced Armed Forces 1 X Yes 2 If Yes, Give Yeer or Datas:				No								Bieck, White, atc.		
Maryland 21215-0020	72 hours af "natural", or	by					: WW II 1□ Yes 213kNo Specify:				•			Specify:	Whi	.te	
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ary	1 and 2 should be filed within Haalth and Mental Hygiane. Iam 27 is marked other than other traumatic event, the M		19a. Intormant's Name/Rala	ionship (Typ	e, Print)		19b. Maiii	ng Addra	ss (Street	and Numb	er or Rui	ral Routa Numi	er, City or	Town, State	, Zip Co	ode)	
			Hazel R. Blan	chard			6301	Geo	rge I	sland	d La	nding R	d., S	Stockt	on,	MD 21864	
altimore,	Haalth Ham 27 other tr		20a. Mathod of Disposition			20	b. Place of Dispo	osition (A	lama of			Dete	20c. Loc	eation - City	or Town, Stata		
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<u>></u>	or Al	ŧ	3 ☐ Suicida 4 ☐ Homlolda 6 ☐ Could not be datarmined 28a. Place of Injury - At homa, farm, streat, tactory, office building, etc. (Specify)							28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)							
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	o d ≰it	Σ	29b. Signature and title of cer	tifier			_	2	9c. Licens	a number	12		29d. Date	aigned (Mo	nth Day	r, Year)	
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	101	Ť	30. Name and address of per	on who com	plejed caus	e of daath (Itam 23a) (Type,	Print)	+-	^		•			1		
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LTIMORE, MARYLAND 21215-0020 th. Page 6 may be retained by the hospital or attending physician	ral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
TIMORI	neral director, po

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phylician and completely filed in by the funeral director, page 5 should be detached for use as the burst be filed within 72 hours after death with the State Dubt, of Health and Mental Hughers potor to burst, constitution, or removal.	
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THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Merital Highers potor to burial, cremation, or removel.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumable event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Lest) Mary Ellen	Smothe	ers B	antum	2. DATE OF DEATH	3. TIME OF DEATH					
TOR	A10	SEX 6. AGE (In yrs.		NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH / B. BIRTHPLACE (State or Foreign (Month, Day, Year) Feb. 5, 1915 Maryland						
	9a. FACILITY NAME (If not institution, give street 201 Federal RESIDENCE OF DECEDENT	St. Apt. 5	9c. COUNTY	a 160 t							
DIRECTOR	10a. STATE 10b. COUNTY	bot		AS TO N			10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO}\)				
FUNERAL	100. STREET AND NUMBER 201 Federal	St. Apt.	10g. CITIZEN	OF WHAT COUNTRY?							
BY FUN		2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic: 1 YES 2 NO Specify	an, Puerto Rican, etc.)	- 9	RACE — American Indian, Black, White, atc.				
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 16a.	SINESS/INDUST	Black							
COMPLETED	Elementary/Secondary (0-12) 7. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	DOME	5+1'C		Private Family					
BE CC	John Wesley	Smothe	RS	18. MOTHER'S NA	61 1	rst, Middle, Meiden Surname)					
TO B	19a. INFORMANT'S NAME (Type/Print) Charles Wilson	in athers	196. MAILING ADD	TUN'S Mill	Roote Number, City or Tow	n, State, Zip Gove	Maryland				
	20a, METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Removal	from State cemetary,	CEAND DATE OF DIS	POSITION (Name of ace)		- 1	or Town, State				
5	1 Donation 5 Other (Specify) Hammon Town Cemetery 7/8 Eastow Maky and 22. NAME AND ADDRESS OF FACILITY										
_	Jamelle	C. Wenri		510- Washin	As Lasto	2 AMBR.	idee MD: 1613				
	23. PART/L.Enter the diseases, or com-	inflications that caused the	Anath Do not a	the made of dular and							
	IMMEDIATE CAUSE (Final	plications that caused the t only one cause on each I	eath. Do not en	nter the mode of dying, see	as cardiac or reap	iratory arrest,	Approximate interval Between Onset and Death				
	V shock, or heart failure. List	my occurd	eath. Do not eine.	her the mode of dying, see	as cardiac or reap	iratory arrest,	Approximate Interval Between				
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death)	my occurd	sequence of:	nter the mode of dying, see	as cardiac or reap	iratory arrest,	Approximate Interval Between Onset and Death				
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	My occurd	SEQUENCE OF:	nter the mode of dying, see	as cardiac or reap	iratory arrest,	Approximate Interval Between Onset and Death				
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 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 15713 Certificate of Death Amended # 18. PGC 5-10-96 cr 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Month 05 **Physician** 5:15 PM Walter Cummings /Medical 4a. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Prince George's Upper Marlboro 4107 Bishop Mill Drive If Under 1 Yaar II Undar 24 Hrs.

Months Deys Hours Min. 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthdey) 8. Data of Birth (Month, Day, Year) 09-23-16 Birthpleca (Stete or Foreign Country) **Funeral** Months t⊈M 2□ F 79 Yrs Director 577-01-9857 Lynchburg, VA Usuei Residence of Decedent s 1 and 2 should be filed within 72 hours after deeth with the Menyland I Health end Mentel Hygiene. 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits r 28a-f show Upper Marlboro Prince George's Maryland 1 X Yas 2 □ No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? if than "naturel", or items 23a or 4107 Bishop Mill Drive 20772 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indien, 11. Maritel Status Bleck, White, etc. 1 ☐ Nevar Married 2 Married 1 XYes 2 No Retired Baltimore, Maryland 21215-0020 1 ☐ Yas 2000No If Yes, Give Yaar or Datas: 1969 Specify: Black þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Warehouseman Government 12th 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Mae Ethel Elliott Christian William McKinley Cummings 19e. Informent's Neme/Raietionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Ethel Cummings/Wife 4107 Bishop Mill Drive, Upper Marlboro, MD 20772 Item 27 other 1 20b. Piaca of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stata permit. Pages 1
Department of HImportant: If iten
any injury or oth 1 X Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stete Arlington National Cem. 5/15/96 4 ☐ Donetion 5 ☐ Othar (Specify) Arlington, Virginia 22. Name and Address of Fecility J. B. Jenkins Funeral Home Buscoe 1 7474 Landover Road, Landover, MD 20785 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth Physician Immediete Cause (Finel diseese or condition resulting in deeth) /Medical . NON-SMALL CELL LUNG CANCER 2 MONTHS Examiner Due to (or es a consequence of) Examiner attending physician and for use as the buriel-trensit death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that initieted events rasulting in death) Last Dua to (or es a consequenca of) Box 68760. Physician/Medicai Dua to (or es e consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CHRONIC RENAL INSUFFICIENCY Division of Vital Records, by 24b. Ware eutopsy findings evailable prior to completion of cause of death? Completed 24e. Wes an autopsy performed? HYPERTENSION hes 2 No 1 ☐ Yes 1 □ Yes 2 □ No 25. Was case referred to medical examiner? director Be 26. Place of Death (Check only one) Hospital: Other: 4☐ Nursing Homa 5 Residance 6 ☐ Other (Specify) 1 ☐ Yes 2 No P 1 Inpatiant 2 ER/Outpatient 3 DOA this funerai 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Attending 5 Pending Investigation 1 Neturel l or Attending after death. I Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) à 4 Homicide Hospital 24 hours 1 Certifying Physician: To tha best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, daath occurred at the time, date end place, and due to the cause(s) and menner stated. 29a, Cartifian Medical To the Hosp within 24 ho To the Fune complately fi (Check only one) 29b. Signatura and titia of certifiar 29c. Licansa number 29d. Data signed (Month, Dey, Year) MI - 430 1406 313 30. Name and address of person who completed cause of death (item 23a) (Type, Print)

DEP'T. OF INTERNAL MEDICINE, MILLOUM GROW MED CTC. ANDREWS ARB 2072

State Registrar 31. Deta filed (Month, Day, Year)
MAY 1 0 1996

MAY 1 0 1996

MAY 1 0 1996

JOHNNY T. LU

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. J.P.G. ITEMS: 23 PART I, II, 27, State of Maryland / Department of Health and Mental Hygiene 28a-f, PER MEO FILM G-735 5/31/96 t.t Certificate of Death 1. Decedant'a Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death May Day 07 **Physician** Elsie L. Cheek 1996 1807 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel General Hospital E.R. ral Hospital E.R. Annapolis

7. Age (In yrs. lest birthdey) If Undar 1 Year | If Undar 24 Hrs. | 8. Data of Birth (Month, Dey, Year) Anne Arundel 5. Social Security Number 6. Sex Birthplaca (Stata or Foreign Country) **Funeral** 1 □ M 2 🖾 F 52 241-70-7117 Director August 1, 1943 North Carolina Usual Residence of Decedent death with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits if then "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at Prince George's Maryland Landover 1 Yes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 841 Nalley Road 20785 USA Funeral 12. Was Dacedant Evar In U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status Black, White, atc. Peges 1 and 2 should be filed within 72 hours efter near of heelth and Mertal Hydjene.

nt: If Item 27 is marked other than "naturel", or ite iny or other than the Medical Energies iny or other thanmale event, the Medical Energies. 1 Yes 2\times You ff Yes, Give Yaar or Dates: 1 Naver Married 2 Married 1 ☐ Yes 2 ☐XNo **Black** Specify þ 3 ☐ Widowed 4X Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Government 12th Nursing Assistant 17. Fathar's Nama (First, Middla, Last) 18. Mother'a Name (First, Middle, Melden Surneme) Be John Robert Harris Lucy M. Gill 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Gary Stephens Cheek 841 Nalley Road, Landover, MD 20785 20b. Placa of Disposition (Neme of cemetery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State permit. Peges
Depertment of
Important: If it
any injury or c 1 Surial 2 Cremation 3 Removal from State 5/13/96 Harmony Memorial Park Landover, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility 21. Signature of Funaral Service Licary J. B. Jenkins Funeral Home mberly Busese 1 onc 7474 Landover Road, Landover, MD 20785 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Causa (Final disaase or condition rasulting In death) /Medical ASPIRATION OF FOOD Examiner Due to (or as a consequence ot): Physician/Medical Examin physician and s the burial-trensit The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of) attending pt for use es t signed by the at d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown SCHIZOAFFECTIVE DISORDER à 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed page 2 s certificete 1 1 Yes 2 □ No 1 ☐ Yes 2 ☐ No or Attending Physician: director, 25. Was case reterred to medical examiner? Be 26. Placa of Death (Check only one) H☑ Yas 2□ No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 After this funeral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of FOUNDY Certification: 28d. Describe how Injury occurred 28c. Injury at Work? 1 Naturei 5 Pending efter death. Director: Af 1 ☐ Yes XX No SUBJECT ASPIRATED FOOD investigation FOUND 5-7-96 2 Accidant 5:05 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, atreet, factory, office building, etc. (Specify) Location (Straat end Number or Rural Route Number, City or Town, State) CROWNSVILLE HOSPITAL filled in by 4 Homicide FOUND: BATHROOM CENTER, CROWNSVILLE, ANNE ARUNDEL CO.MD 24 hours e Hospital edicai 29e. Certifier 1 Certifying Physician: To the bast of my knowledge, deeth occurred et the time, date and pleca, and due to the ceuse(s) end manner as steted. To the Hosp within 24 hor To the Fune completely fi 2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and manner stated. d title obeligities 29b. Signature 29c. Licensa number 29d. Date signed (Month, Day, Yeer) O.C.M.E. May 09 1996 30. Name 💐 address of person who completed cause of deeth (Item 23a) (Type, Print) MDIXO 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Dey, Year) State this thousands 1 0 1996 Registrar

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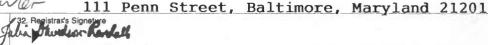
State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of I	Death	7		Reg. No).			
		1. Decedent's Nama (First, Middla, Last)								2. Data of D Month				3. Time	a of Daath	
Physici Medie		TERRY BLAINE COLLINS							May	3,			12	2:55 pt		
Examir		4a. Facility Nama (If not Institution,	giva street and n	umber)			4	b. City, To	own, or Lo	ocation of Dea	ith 4c	. County	of Death		
		8559 Wh	eatfield	Way					E11i	cott	City	I	Howan	cd		
Funeral		5. Social Security N	lumber 6	. Sex	7. Aga (in yrs	. last birthday)		Yaar Days		r 24 Hrs. Min.	8. Data of B	irth		9. Birthpla	aca (Sta	ta or Foraign
Director	ctor		578-42-9411 1™ 2□ F 63 Jsual Rasidence of Decedant				Yrs.			IVIII I.	Dec.				aryland	
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th th	ire.	10e, Street and Nu	mber		-		10f. Zip C	oda				10g. Cit	tizan of W	/hat Count	ry?	
th wi	Funeral Director	8559 Wheatfield Way 210					2104	21043				Wh:	White			
9 E	nei	11. Marital Status		12. Was Dec	cedant Evar in U	J,S. 13.	Was Decedar	s Decedant of Hispanic Origin? (Specify Yas or I as, specify Cuban, Maxican, Puarto Rican, atc.)				No- 14. Race - Ama Black, Whit				1,
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semit. Peges 1 and 2 should be filed within 72 hours ef bepartment of Heelth end Mentel Hygiene. mportant: if fem 27 le marked other than "naturel", or my Injury or other traumatic event, the Medical Expensions.	ted	(500	15. Decedant's	Educetion	n	16a. Dece	dant's Usual (Occupi	ation	et of work	ina	16b. K	and of Bu	sinass/Ind	ustry	
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Men		Leonard	Collins						Kat	theri	ine A. Lathroum					
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and selth n 27		Sarah D	. Collin	s - Spor			9 Wheat		eld W	lay,	Ellico	tt C:	ity,	Mary	land	21043
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permit. Peges Department of Important: If it eny Injury or o			5 Othar (Spe		MD	Vetera	an's Ce	eme	tery	05/	07/96	Che.	ltenl	nam,	Mary	land
mit.		21. Signature of Fi	ınaral Sarvice Lic	censaa		2	2. Nama and	Addras	ss of Facil	ity So	nc Fun	ora1	eral Home, P.A.			
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Jing Bing																
res that the death signed by the etter I be detached for u	Be Completed by Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						I.	23b. Did tobacco use contribute to the cause			se of death?				
requires that the death c seen signed by the ettend hould be detached for us									15	Yes 2	2□ No	3 Prob	ably 4	I ☐ Unknown		
v requires been sig should b											24a. Wa	s an auto	psy	ava	ilable pri	sy findings for to
2 S C						-					2.00			of d	npletion leath?	of cause
m											1	Yas 2	No	1 🗆	Yas 2	2□ No
		25. Was casa rafai	red to medical						26. Plac	a of Deat	h (Check only	(90a)		L		77.01.07
0.0	To	1 Yas 2	No	Hospital:	Inpatiant 2	ER/Outpatie	nt 3 DOA	Oth	ar: 4□ N	ursing Ho	ma 5 Re	sidance	6 □Otha	ar (Specify)	
		27. Mannar of Death 1. Matural 5 Panding (Month, Day Year) 28b. Tima of Injury Work? 2 Accidant invastigation 1 Yas 2 No								28d. Dascribe how Injury occurred						
Attending or deeth.	Certification:								28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)							
	tific															
ed in Oir	Cer					.,,,						, , , , , , , , , , , , , , , , , , , ,				
To the Hospital or Attent within 24 hours after deet To the Funeral Director; completely filled in by the	edical	29a. Cartiflar (Check only one)	Certifying it	Physician: To th aminer: On tha t and mai	a best of my kno basis of axamino nnar statad.	owledga, daat ation and/or In	h occurred at vastigation, in	tha tim	na, date a pinion, da	nd place, ath occur	and dua to th red at tha time	e causa(s a, data an	and ma d place, a	nnar as sta and dua to	ated. tha caus	se(s)
To the within 2 To the comple	X	29b. Signatura and	titla of certifiar	1/	1		29c. l	icans	a number			29d. Da	ata signed	(Month, L	Day, Yea	r)
		D41266							-	-16.	191					
20)11		30. Nama and addr	ass of pareon wh	o complated cau	isa of death (Ita	m 23a) /Tuno		-	,			٦	1 0/	16		
1/1/6					·		oir Ro	24	NTLT T	Mach	naton	DC	2000	7		
Sta	to	31. Data filad (Mon	. Hawkins th, Day, Year)		Registrar's Sign	ature_		au	74 AA 9	wabiii	LIIG LUII,	טע	2000	,		
Registr			Y 0'8 19	96 Jul	Much	rhadel	l.									

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State Registrar 31. Dete liled (Month, Day, Year)

MAY 0 9 1996



30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

Own R Power 111 Penn

OCME

APRIL 20,1996

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate (of Deatl	h	F	Reg. No.			
D		1. Decedent's Neme (First, Middle, Last)									Day Vaar			Death
Physic /Medi		DORG	th	V		CI	ARK			MAY	6	1996	6:3	5 PA
Exami		4e. Facility Neme (If not institu			er)			4b. City, T	Town, or Lo	ocation of Daath	4c. Cou	nfy of Death		
		Prince Georg	es C	ounty Ho	spital			Che	verly		Prin	nce Ge	orges	
Funeral		5. Social Security Number	6. S	ex v 7.	Aga (In yrs. le	st birthday)	If Under 1 Ye		er 24 Hrs.	8. Deta of Birtl (Month, Da)			olece (State o	r Foreign
Director		321-12-5125	1	□ M 2 🔀 F	83	Yrs.	Montha Da	ays Hours	Min.	Apr.1,	1913		lo,Mis	
D		Usual Residence of Deceden											,,,,,,	
how	_	10a. Stata 10b. Cou		Georges		Town or Lo						1	10d. Insida Ci	
h the Marylen r 28a-f show	cto	110.	nce	Georges	FL	• wası	nington						1 X Yas	2 No
1 th	Director	10e. Street end Number					10f. Zip Cod	da			10g. Citizan	of What Cour	ntry?	
th wi	a l	8919 Ruslan	d Ct	•				20744			Ū	J.S.A.		
72 hours after deeth with the Maryland natural', or fterns 23a or 28a-f show sicel Examiner must be notified at	Funeral	11. Marital Status		12. Wes Deceda Armed Force	nt Evar in U,S	3. 13.	Was Decedant	of Hispenic O	Origin? (Spe	ecify Yas or No- Rican, etc.)	14. F	Raca - Amaric		
or its	F	1 Navar Married 2 1	larriad	1 Yes 2			1 □ Yes 2 🛣			rican, etc.)		Black, White,		
ral',	b	3 X Widowed 4 □ Divor	ced	Yeer or Data	s:		ILITES ZEL	NO Specin	у.		Spe	city: Bla	ick	
72 hours natural', zical Ex	Be Completed	15. Dece (Specify only high	dent's Ed	ucation		16a. Dece	dant's Usual Oc	cupetion	not of work	laa	16b. Kind of	Business/In	dustry	
Pin Pin	ple			College (1-4	or 5+)	lifa.	kind of work do DO NOT usa ra	tired)	JSE OF WORK	mg .				
d wil	DO.	Elamantary/Secondary (0-1				Elev	ator 0	perato	r		Priva	te Ind	dustry	
e filed of Hygi other	Se C	17. Fether's Neme (First, Mide	lla, Last)					18. Mott	her's Name	B (First, Middla,	Maidan Sum	nama)		
should by the state of the stat	To	Aus	tin	W. Sulli	van			Er	mma E	dwards				
end Neme		19a. tnformant's Name/Ralati	onship (7	ype, Print)		19b. Meili	ng Address (Sti	reet and Num	ber or Run	al Routa Numbe	r, City or To	wn, Stata, Zip	Coda)	
27 th		Denise Clark			i	8910) Ruela	nd C+	F+ W	ashingt	on Md	207	11.1.	
Heer Heer other		20a. Method of Disposition				aca of Dispo	sition (Nama o	f	or C.W.	Date	20c. Locatio	on - City or To	own, Stata	
eges ant of t: If it y or o		1 □XBurial 2 □ Cramati 4 □ Donation 5 □ Othe			ta		l Park (51/	11/96	C10370	land,	Ohio	
Department of mportant: If any injury or once.		21. Signeture of Funaral Serv												
Depa Impo any ir				, Che	1	-	Hailla alla A	201000 01 1 001	"Fra	zier Fu	neral	Home,	Inc.	
		I V	X	77	The	22	889 Rhod	de Isla	and A	v.,N.W.	,Washi	ngton	D.C.20	
		23a. Part1. Entar the disaase shock, or haart failura.	ist only	olications that cád on cause on aac	sed tifa daath. h Iina.	Do not an	er the moda of	dying, such a	as cardiac o	or raspiratory ar	rest,	i	Approximate Interval Bath	ween
Physiclan									~				Onset end I	Death
/Medical Examiner		tmmediata Causa (Final disaasa or condition		. LAR	.60	KIG	147	GRE	SBR	AL 1	NHAR	CT	10 aa	40
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ertificate be axecuted ling physician and ie as the buriel-transit	Examiner	Saquantially list conditions,		0.	Dua to (or	as a consec	quanca of):		1					
e axi	Ē	Saquantially list conditions, if eny, leading to immediate cause. Enter Underlying	J	OTT	RONG	C	ATRIA	ZP	IBR	ILLA	TION		10 41	Rg
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eath ce attendii I for use				d					1 40					
the attenthed for u	sici	Part II. Other significant cond	litions co	ntributing to death	but not rasuf	ting in tha u	ndarlying cause	a givan In Parl	t I.	23b. Did to	obacco use	contributs to	o the cause o	of death
2 2 2	Physician	0 0010	1	EMI	1121					101			bably 4	
	by F	KUNH	<u>_</u>	יחונ	UKO									
-= en -D	ba	DIABO PORIPHI	TIC	NIZI	HROL	ATZ	h1			24a. Was a		24b. W	ara eutopsy fi elleble prior to	Indings
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iclar certif recto	Be	25. Wes casa rafarred to med axaminar?		Hospital:				Other		h (Check only or				
Physician: this certific	2	1 Yas 2 No		1 LUInpi		R/Outpatier	II SLI DON	401		me 5 Rasid			y)	
After After funer	o	27. Manner of Death 1 ■ Natural 5 □ Par	ding	28a. Data of I (Month,	Day Year)	28b. Tima o Injury		njury et Work?		28d. Dascribe h	ow injury oc	curred		
Attending or death. ector: After by the fune	Certification:		stigation					1 ☐ Yes 2 ☐						
	E	4 ☐ Homicida det	mined	28a. Place of building,	Injury - At hon atc. (Specify)	ne, farm, str	aat, factory, off	ice	}	28f. Location (S City or Tow	itreet and Nu n, Stata)	mber or Huri	il Houta Num	ber,
o the Hospital or ithin 24 hours after the Funeral Dir empletely filled in														
tone fune ely fi	edical	29a. Cartifier 1 Certifier (Check only 2 Msdi	ying Phy	stcian: To the be igar: On the basis	st of my know	ledga, daatl	occurred at th	e time, dete e	and placa,	and dua to the c	ausa(s) and	mannar as s	tated.)
To the Hospital within 24 hours of the Funeral completely filled		one)	1	and mannar										
2 2 2 2	Σ	29b. Signature and title of gen	714	endu	21		29c. Lic	ansa number	0,-	-(1.0)	29d. Data sig	ned (Month,	Day, Year)	
10		C we	N	7	w.		P	281	75	(MP)	フー	7-	16	
10/		30 Nema and addrass of pers	on who c	ompleted causa o	f death (Itam :	23a) (Type,	Print)						20	172
		DAVID A. C	2007	RAY. ML	121	16 W	CENT	RAZ	AN	J. M.	ITUTO	ZL VI	LUGI	40

State Registrar 31. Deta filed (Month, Day, Year)
MAY 0 9 1996



Marin Janes Amelo puttoral

with a wife and a good on you

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State of Maryland / Department of Health and Mental Hygiene

96

						(Certifi	cate of	Death	F	Reg. No.	20	1	3710			
	Dii.si		1. Decedant's Nama (First, Middla, L	ast)						2. Data of Dea	ith	Vone	3. Tin	ma of Daath			
	Physici /Medi		Ragnhild	Severud	1 .	Cob]	Leigh	1		Month May	08, 1	996	8	:55 AM			
)	Examir		4a. Facility Nama (If not institution, g	iva street and numb	ber)				4b. City, Town, or L	ocation of Death	4c. County	of Death					
			4013 Calvert A						hesapeake								
ľ	Funeral Director		543-46-9708	Sax 1□ M 2□XF	. Aga (In yrs.	70 Y	Mo	Jndar 1 Yaar nths Days	If Undar 24 Hrs. Hours Min.	8. Data of Birtl (Month, Day Dec. 4	, Year) , 1925	9. Birthp Coun	Nor	tata or Foreign Way			
	pu &		Usual Rasidanca of Dacadant 10a. Stata 10b. County		100.0	ty Town	or Location	0					Od tool	de City Limits			
	Maryla 4 sho	lo.	Maryland Calv	ert	100.0			ake Be	ach					Yas 2000			
	the rote	Director	10e. Street and Number				-	of, Zip Code			10g. Citizen of	tizen of What Country?					
3	h with		4013 Calvert Av	enue				2073	2		US	USA					
Maryland 21215-0020	d within 72 hours after death with the Maryland jiene. I than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	by Funeral	11. Maritai Status 1 Nevar Married Married 3 Widowed 4 Divorced	12. Was Deced Armed Forc 1 Yas 2 if Yas, Giva Yaar or Date	⊠ No	J,S.		Dacedant of H , specify Cub 'es 2 No	dispanto Origin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Bla	ce - Amaric ck, Whita, y: Whi	atc.	ın,			
5-0	72 hc	eted	15. Decedant's (Specify only highast g	Education		16a. D	ecedant's	Usual Occup	etion during most of work	ina	16b. Kind of B	usiness/inc	dustry				
121	C . 3	Completed	Elementary/Secondary (0-12)	Coliaga (1-4	lor 5+)	''			during most of work d)	9	Da	ay Care					
2	iled v tygie ther t		12 17. Fathar's Nama (First, Middla, Las	5+			Dire	ctor	18. Mothar's Nam	a /First Middle		-					
an	8 E 8	Be c		-	Giorta	7.			Hildur	Mari		verud	1				
Z	should nd Meni	J.	19a. informant's Name/Ralationship		02026.	7	Meilina Ad	drass (Street	and Number or Rui					-			
	D = 6 5		Herbert N. Coble		nď				3 Chesap								
re,	- F E E		20a. Mathod of Disposition		20b.					Data	20c. Location			ta			
E			1 ☐ Buriai 2 X Cramation 3 4 ☐ Donation 5 ☐ Othar (Spec			Ob. Placa of Disposition (Nama of camatary, crematory or othar place) Data 20c. Location - City or Town, Stata 20c. Location - City or To											
Baltimore,	pemit. Pag Department important: if eny injury o		21. Signature of Funaral Sarvice Lice			22. Nama and Addrass of Facility Sewell Funeral Home											
8	SOE SO		les auges	gnature of Funaral Sarvice Licansaa 22. Nama and Addrass of Facility Sewell Funeral Home 1451 Dares Beach Rd. Prince Frederick, M													
			23a. Part1. Bhtar tha disaasa, or co shock, or haart fallura. List onl	mplications that cau	sad tha daa	th. Do no	t antar the	moda of dyi	ng, such as cardiac	or raspiratory ar	rast,		Approx	xlmata ii Batween			
	Physician /Medical Examiner	er	immediata Cause (Finai disassa or condition rasulting in daath)	a/	Dua to (ester or as a co	nsequand		olon (asco	0-7			and Death			
	d d ansit	Examiner	Sequentially list conditions	b. — Dua to (or as a consequanca of):													
o	death certificate be executed attending physician and for use as the burial-transit		Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Diseasa or injury		554 10 (a to for as a consequence of).											
68760,	ysici	Medical	Causa (Diseasa or injury that initiated evants rasulting in daath) Last	C	Dua to (d	or as a co	nsaquance	e of):									
	nd pl		additing in dudiny East														
Вох	eath cer attendir I for use	an		d								1					
	the a	Physician/	Part ii. Other significant conditiona	contributing to deal	th but not ras	ulting in t	ha undarly	ying causa gh	van in Part I.	23b. Did to	obacco usa co	ntributa to	the car	use of death?			
P.0	res that the de signed by the a be detached (1 🗆 1	res 2□ No	3 Prot	bably	4 🗆 Unknown			
of Vital Records,	v requires that the been signed by th should be detache	Completed by								24a. Was a	an autopsy med?	ave	ailabia p	opsy findings orior to n of causa			
3ec	2 S T S T S	mpl										of	daath?	1010000			
a	The ata									1 🗆 Y	as XXNo	1 [] Yes	2 No			
Z.	Physician: The this certificata rai director, par	o Be	25. Wes casa rafarred to medical axaminar?	Hospital:				Oth	26. Pieca of Daar								
of	Phys rai di	-	1 Yas 2 No	1 L inp		ER/Outp		L DOA	4 LI Nursing Ho	oma Rasid 28d. Dascribe h			()				
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Division	Attending ir death. actor: After by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not	d 28a. Place of	injury - At h	oma, fam	n, streat, fa	actory, office		28f. Location (S		ber or Rura	I Routa	Number,			
á	s after	Sent	4 ☐ Homicida	building	, atc. (Speci	ly)				City or Tow	n, Stata)						
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai (29a. Cartifiar (Check only one) Certifying P	hyaician: To the be	s of axamina	wladga, oution and/	daath occu or invastig	urred at the time ation, in my c	ma, data and place, opinion, daath occur	and dua to tha d red at tha tima, d	ausa(s) and mi	annar as st	ated.	usa(s)			
	To the Vithin 2 To the comple	Me	29b. Signatura and title of certifier	1/)	. 29c. Licensa number					29d. Data signe	d (Month,	Day, Ye	er)			
			1	111	100	033123					5-8 96						
	10		30. Neme and eddrass of parson who	completed cause	of deeth (Iter	n 23a) (T	ype, Print)		<u> </u>								
	*		Jonathan Lowe	enthal, M	.D.			D	unkirk, M	D							
	Sta	te	31. Data filed (Month Pay Year)	1000 32. Reg	jstrar's Sign	atura	2 4 -	7									

Please Type or Print in Black Indeiible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

15719

						CE	ertitic	cate of	\mathcal{D}	eatn			Reg	. No.			
			1. Decedant's Nama (First, Middla,	Last)								2. Date o		0-		3. Tima	ol Death
	Physici		Allan Leigh	Curtin								Month	_	Day	Yaar	00/	1.4
1	/Medi		4a. Facility Name (If not institution,	give street and nu	m <i>ber</i>)				4b.	City. To	wn. or Lo	May ocation of L		1996 4c. County	of Death	004	14
	Examir	ier	_														
-			5. Social Security Number		.tal 7. Age (In yrs.	In a t hinth oh .	a H.Li	nder 1 Yaa	Pr	CINCO If Undar	e Fr	ederi	CK	Cal	vert	I (01-1-	
	Funeral		579-52-2523	6. Sex 1Å M 2□ F		Yrs.	Mon			Houra	Min.	(Month	Birth Day, Y	ear)	9. Birthp	iaca (State try)	or Foraign
	Director		Usual Residence of Decedant		56							Feb 2	24,	1940	Wash	., D.	C.
	pue *		10a. Stata 10b. County		10c. Ci	ty, Town or I	ocation					-			1	Od Inside	City Limits
	sho	٦	Maryland Calve:												Ι.		s 2 No
	0 8 N	octo		L L	νι	ınkirl											5 2,50110
	₽ 6 E	Dire	10e. Street and Number	-			10f	. Zip Coda					10g	. Citizan of		try?	
	th w	le.	11131 Dumbart	on Driv	e					20	754			U	SA		
	filed within 72 hours after death with the Marylend Hygiene. ther than "natural", or flems 23a or 28a-f show ant, the Medical Examinet must be notitled at	Funeral Director	11. Marital Status	12. Was Dece Armed Fo	edant Evar in U	I,S. 13	Was D	acedent of specify Cu	Hisp	anic Ori	gin? (Spe	ecify Yas o	No-		ce - Americ		
0	or is	F	1 ☐ Never Married 2 ☑ Marrie		2 € No			s 2 N			,		,			ato.	
8	E. E.	by	3 ☐ Widowed 4 ☐ Divorced	Yaar or D			1 1 1 6	s zkinc	,	эреспу.				Specif	whi	te	
9	2 ho	Completed	15. Decedent's	Education		16a. Dec	edent's	Usual Occi	upetio	on		,	16	b. Kind of B	usinass/Inc	dustry	
2	Med .	pie	(Spacify only highast Elementery/Secondery (0-12)	Collega (1	1-4or 54)	lifa.	DO NO	f work done T usa retir	e dur red)	nng mos	t of work	ing					
7	T the	LO	12	Oonoga (1 401 017	dri	ver	/ s	al	lesn	nan		f	ood	serv	ices	
g	ert of Hy	Bec	17. Father's Name (First, Middla, L.	est)					11	8. Motha	r's Name	a (First, Mi	ddla, Me	idan Sumar	na)		
a	enta sed be cev	To B	Allan N. Curt	in						Mil	dre	d E1	iza	beth	Bobl	bitt	
5	M M	-	19a. Informant's Name/Ralationshi	n (Tyne Print)		19h Mai	lina Add	Iraes (Stras	at an	d Numbe	or or Bur	el Boute N	umber (ity or Town	State 7in	Codel	
S	d 2 s th er 7 is trau		Mrs. Rosemary		/ anoug			as #	_				arriber, c	nty or rown	, Diate, EID	Ooday	
a î	Heal m 2		20a. Mathod of Disposition	Culosii	-	Placa of Disp	-		1	0 a	DOV	Data	00		Oh T.	01-1-	
ō	Peges nent of h int: If its iry or of		1 ☑ Buriai 2 ☐ Cremation	B □Ramoval from	Stata C	· Mem	ematory	or other pi	(ace)	. 1	- 15	/O /O	6 20	c. Location			
timore, Maryland 21215-0020	permit. Peges 1 end 2 should be filed within 72 hours after death with the Marylen Depertment of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examinet must be notified at once.		4 □ Donation 5 □ Othar (Spe		30	. Mem	orı	aı G	ar	raen	IS D	19/9	0	Dunk	ırk,	MD	
alt	Departition of the point of the		21. Signature of Funeral Sarvice Li	censaa		- 1	22. Nam	a and Add	rass	of Facilit	у						
m	88E 8		Williams	A			Pau	ech	F.	1007	7	Ното	D	.A.,	Outin	3 0 0	MD
	-		23a Part1 Enter the disease or c	on plications that o	aused the dea										OWII	Approxim	
			23a. Part1. Enter tha disaasa, or c shock, or haart lailura. List o	nl) o causa on a	ach lina.	in. Do not o	itor the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111191	0001100	our diao (or raspirate	ny anosi		1	Intarval B	atween
	Physician / /Medical		Immediata Cause (Finel				2 /			١.					1		
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в		<u></u>	rooding at doubt		Dua to	or as a cons	quance	of):									
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	and tran	Examiner	Sequentielly list conditions,		Dua to (or as a conse	quanca	of):									
Ö,	e ex ien g	m I	Sequentielly list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disaase or injury												1		
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0	The law requires thet the death ate hes been signed by the etter page 2 should be detached for	Physicia	ath. other arginitorit contamon	a continuating to de	Salit Dut Hot 16s	iditing in tha	unuanyi	ng causa g	Jivaii	mir carti.							Unknow
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0	Physer this seral di		27. Manner of Death	28a. Dete		28b. Time	of	28c. Inj	ury e					injury occur			
0	ding I th. : After e funer	it e	1 Denatural 5 ☐ Panding 2 ☐ Accidant invastiga		th, Day Year)	Injury	М			s 2 🗆	No						
Division of	or Attanding Physician: after death. Director: After this certification by the funeral director,	Certification:	3 ☐ Suicide 6 ☐ Could no	t be 28e. Placa	of injury - At h	oma, farm, s	traat, fa	ctory, office	В			28I. Locati	on (Strai	at and Numi	ber or Rura	l Routa Nu	m <i>ber</i> .
á	Dire	ert	4 ☐ Homicida Gatamini	buildi	ng, atc. (Spaci	fy)						City o	r Town, S	Stata)			
	To the Hospital or Attanding Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.		29a. Certifiar 1 Certifying	Physician: To the	hast of my kno	wiladaa daa	th occur	rad at the	time	data an	d place	and due to	the caus	ea/e) and m	ann ar ac ci	ntod	
	Hos 24 h Fun etely	edical	(Check only 2 Medical Ex	caminer: On the be	asis of axamine	tion and/or i	nvastiga	tion, In my	opin	ion, dea	th occurr	ed at tha ti	me, date	and place,	and due to	tha cause	(s)
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	36		30. Nama and addrass of person	no complated caus	a of death (Itar	n 23a) (Type	, Print)							/			
			Mark J. Kushne	r, M.D.,	Prince	Frede	eric	k, MC		2067	78						
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					(Certific	ate of	Death		Re	g. No.						
			1. Decedant's Name (First, Middle, La	ast)						2. Data of Deat	h	. 2003	3. Time of	Death			
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Y	/Medi Examir		4a. Facility Nama (If not institution, give	ve street end numbar)				4b. City, To	wn, or Lo	cation of Death	4c. County		4.00	PAG			
ile T			Washington				der 1 Year	Tako				gome					
	Funeral Director		579-88-6159	Sex 7. Aga (In yrs		Mont		If Under Hours	Min.	8. Data of Birth (Month, Dey, 07-22-	Year) -61	Cour	place (State or htry) er, SC				
	pue *		Usual Residence of Decedent 10a. State 10b. County	10c. C	ity. Town	or Location					· · · · · · · · · · · · · · · · · · ·	1	0d. Inside Clt	v I imite			
	A-f sho	ctor		George's		Capito	ol Hei	.ghts					Maryes €				
	deeth with the Meryland ims 23a or 28a-f show if must be notified at	al Director	10e. Street and Number 305 Milfan D	rive		10f.	Zip Code	20	743	1	0g. Citizen ot 1	What Cour	itry?				
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Ş	2 hou	bed	15. Decedent's E		16a. C	Decedent's U	Isual Occup	oation		=	16b. Kind of B	usiness/in	dustry				
0200-91212	within 7 ene. then "n	Completed	(Specify only highest graves (0-12) 12th	College (1-4or 5+)	1	Give kind of life. DO NO Food	T use retire	d)		ng	Pr	ivate	2				
0	Hygi Hygi Mt.	Ö	17. Father's Name (First, Middla, Last)		1.000	Servi			(First, Middle, A	Aeidan Suman	na)					
Maryland	should be ind Mental marked o urnatic ev	To Be	Nathaniel Ti							ne Coope							
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baltimore,	Pages nent of I ant: If its ury or o		1 Sunial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Special	Removal from State	cemetery	y Men	or othar ple		5,	/9/96	Lando						
Dall	permit. Pages 1 end 2 Department of Health a Important: If Itam 27 is any Injury or other tra		16 mileili	Signatura of Funaral Service Licensee 22. Nama and Addrass of Facility J. B. Jenkins Funeral Home 7474 Landover Road, Landover, MD 20785 Approximate Approximate													
F	Physician /Medical Examiner	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition															
x 68/60,	eath certificete be executed ettending physician and for use es the buriel-transit	Medical Examiner	Sequentially list conditions, If eny, leeding to Immediate cause. Enter Underlying Cause (Diseasa or injury that Initiated events resulting In death) Last	b. Renal Fail Due to	lure orasaco [mmun	onsequence	ot): icien	cy Syr	ndrom	ne		i	Six da Severa				
20	ath cathor	Physician/		U .													
5	shed thed	ysic	Part II. Other atgnificant conditions of	contributing to death but not re	sulting in t	the underlyir	ng ceuse gi	ven in Part I	•	23b. Dld to	bacco use co	ntribute to	the cause of	f deeth?			
S, T.	es that the death igned by the etter be deteched for u	by Ph								1 🗆 Yı	2 No	3 Prol	bably 400 L	Jnknown			
Hecord	aw requir s been s 2 should	Completed								24a. Was a perform		ev	ere autopsy tir ailable prior to mplation of ca death?)			
_	ne le he page	S								1 □ Y€	s 201No	10	Yes 2□!	No			
	lysician: The	Be	25. Wes case referred to medical examiner?					26. Place	of Death	(Check only on	Θ)						
-	this ce	P	1 Yes 2 No	Hospital: 1 Inpatient 2	□ ER/Outp	oatient 3	DOA OII	ner: 4 🗆 Nu	rsing Hor	me 5 ☐ Reside	nce 6 Oth	ner (Specif	y)				
DIVISION OF VITAI		ation:	27. Manner of Death 1X Neturel 5 Pending 2 Accident investigatio	28a. Date of Injury (Month, Day Year)	28b. Tir Inj	me of ury M	28c. Inju Wo 1 🗆	ryat rk? ∣Yes 2 🗆		28d. Describe ho	w Injury occur	red					
מאור	tal or attending is effer death. al Director: Affer ed in by the fune	Certification:	3 Suicide 6 Could not b 4 Homloide determined		nome, fam ify)	n, street, tac	tory, offica		-	28f. Location (St City or Town		ber or Rura	I Route Numb	ber,			
	within 24 hours effer of To the Funeral Direct completely filled in by	edicai	29a. Certifier 1 Certifying Ph (Check only one) 2 Medicat Exar	nysicien: To the best of my kn niner: On the basis of examin and manner stated.	owledge, ation end/	death occur or Investige	ed at the ti	me, dete an opinion, dea	d piece, a th occurre	and due to the ce ed at the time, da	euse(s) end make, ate and place,	enner es s and due to	teted. the cause(s)				
	Mithin To the	Me	29b. Signature and title of certitier				29c. Licens	se number			9d. Date signe						
)			▶ Marin	MD			D-1	8895			May oc	5, 19	96				
١,	(7)		30. Nama and address of person who				m . 1	. n	3.00		V						
П	Sta	te	Mobarak Karim 31. Data filed (Month, Day, Year)	7610 Carrol			lakom	a rar	k, MI	20912							

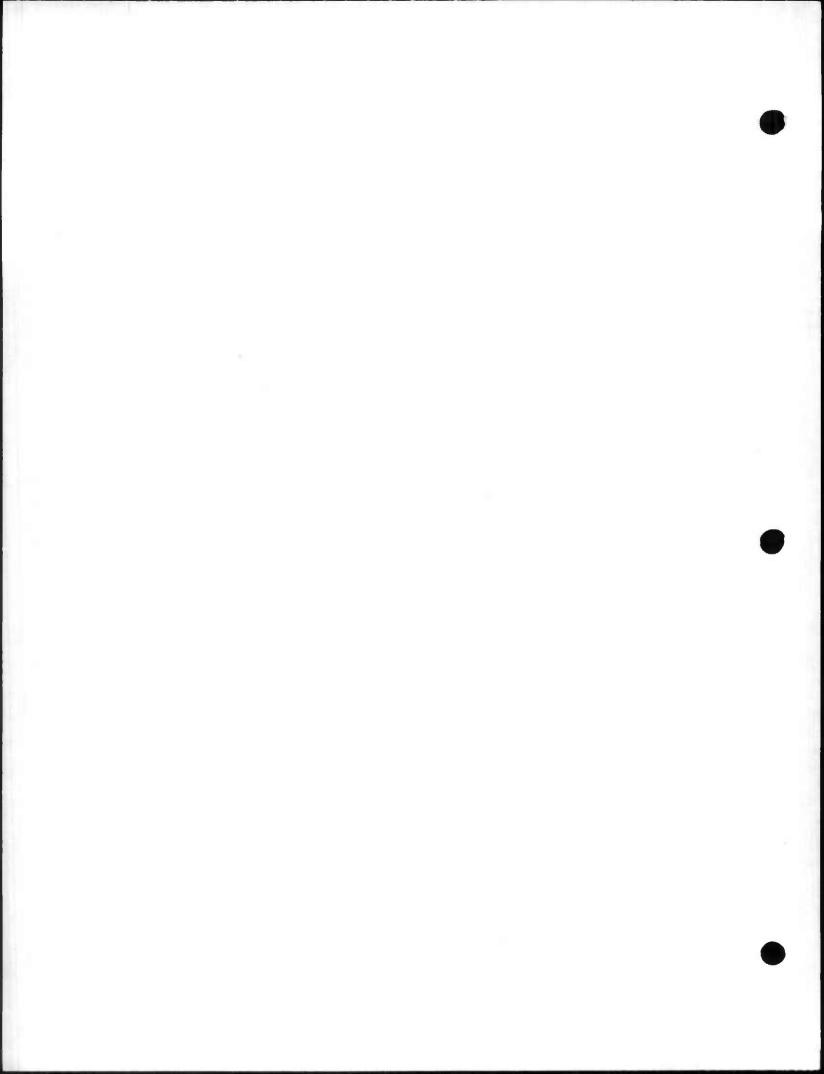
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF	REG. NO.											
MANAN.	DEATH	3. TIME OF DEATH										
PAULINE SCHWARTEN CLOUGH MÄŸ	13 1996	8:00 AM m										
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF	BIRTH I	BIRTHPLACE (State or Foreign Country)										
218-24-4866 1 M 2 X F 70 YRS. MONTHS DAYS HOURS MIN. FEB. 2	27,1926	MARYLAND Y OF DEATH										
11170 CHAPEL ROAD CORDOVA RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION MARYLAND TALBOT CORDOVA		TALBOT										
100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY										
		1 YES 2 NO										
10e. STREET AND NUMBER 11170 CHAPEL ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (If yes, specify Cuben, Mexican, Puerto Ric.)	10g. CITIZE	USA										
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN?		4. RACE — American Indian.										
1 Never Married 2 Merried 1 Never Married 2 Merried 1 VES 2 XNO 1 V	ın, etc.)	Black, White, etc. Specify: WHITE										
(Speciny only nignest grade completed) (Give kind of work done during most of working	NO OF BUSINESS/INDU											
Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) HOMEMAKER	OWN E	IOME										
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Last)												
JULIUS GEORGE SCHWARTEN BERTHA REI	BECCA HAP	RTZ										
99. INFORMANT S NAME (1/pointint) 196. MAILING ADDRESS (Street and Number or Rural Route Number,												
GEORGE E. CLOUGH 11170 CHAPEL ROAD, COR	1											
20b. METHOD OF DISPOSITION X Burlai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	BEULAH,											
21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY FELLOWS, HELFENSE	RETN & NE	WNAM FINEDAT										
D. Keit hysm CFSP 200 S. HARRISON	ST. EAS	STON. MD										
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardier shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition		Interval Between Onset and Death										
DUE TO (OR AS A CONSEQUENCE OF):												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
resulting in death) LAST												
DAME II OAL I - III A III	a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS										
	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
N N N N N N N N N N N N N N N N N N N		1 TES 2 NO										
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 225. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (S												
280. DATE OF INJURY 280. TIME OF INJURY AT WORK? 28d. DESCR	BE HOW INJURY OCCU	RED										
2 Accident Investigation 1 1 YES 2 NO	ON (Street end Number or	Rural Route Number										
4 Homicide determined building, etc. (Specify)	The state of the s											
29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause)												
2 MEDICAL EXAMINER: On the heate of examination and/or investigation, in my column death account as the large data.	place, end due to the											
296. SIGNATURE AND TITLE OF CERTIFIER D47627	29d. DATE S	5-15-9(
2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date on 296. SIGNAPORE AND TITLE OF CERTIFIER 296. SIGNAPORE AND TITLE OF CERTIFIER 297. LICENSE NUMBER D 4 7 6 2 7 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	► 0€	5-15-96										
296. SIGNATORE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D47627	► 0€	316NED (Morith, Day, Yber) 5-15-96 21617										



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Yeer **Physician** DANIELS 1, 1996 /Medical May 3:25 P.M. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Montgomery ALLEGIS HEALTH & REHABILITATION CENTER Silver Spring 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 15 M 2 ☐ F 419-12-6976 **Director** 75 Dec. 7, 1920 Alabama Usuel Residence of Decedent 10c. City, Town or Location 10e. Stete 10b. County 10d. Inside City Limits the Maryla r 28a-f show incitied at 1 Yes 2 No Directo Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ed other than "natural", or items 23s or event, the Medical Examiner must be 901 Arcola Avenue 20902 United State Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decadent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Maritel Stetus 14. Reca - American Indien, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after ment of Health and Mental Hygiene. ant: If Item 27 is merked other than "natural", or ite ury or other traumatic event, the Medical Examins 1X Yes 2 No if Yes, Give Year or Detes: 1 Never Merried 2 ☐ Married 1 Yes 2₺ No þ Specify 3 Widowed 4 Divorced **Black** 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Private Clerical 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 2 Charles Daniels Emma Williams 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Sebrevia D. Davis 4827 8th Street, N.E., Washington, D. C. 20017 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete p⊠Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Memorial Park 15/4/96 Landover, Maryland 22. Name end Address of Fecility STEWART FUNERAL HOME, INC. 4001 Benning Road, N.E., Washington, not, or heer feilure. List only one ceuse on eech line. deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, Approximete intervel Between Onset and Deeth Physician /Medical Immediate Cause (Final Pancereatic disease or condition resulting in death) mos Examiner Examiner attending physician and for use as the buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): signed by the at d be deteched for Pert ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Donknown p 24b. Were sutopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed hes 1 ☐ Yes 2 ☐ MÓ certificate 1 Yes 2 No Be 25. Wes case referred to medical 28. Plece of Deeth (Check only one) 1 Yes 2 PNo Other: 4 Nursing Home 5 Residence 8 Other (Specify) spital or Attending Physicours effer deeth.

neral Director: After this or y filled in by the funeral di 20 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: 1 ONatural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 | Homicide To the Hospital o within 24 hours eff To the Funeral DI completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner stated. 29e. Certifier Medical 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (item 23a) (Type, Print) aretield Road MD 2209 31. Dete filed (Month, Dey, Year) State Registrar

DHMH 16 Rev 6/95

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Marth 1, 1996 **Physician** Lawrence Bruce Daniels 10:07A /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Doctors' Community Hospital Prince George's Lanham Birthplece (State or Foreign Country) If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthdey) **Funeral** Months Deys Hours 478 32 9680 63 Director Usuel Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itama 23a or 28a-f show the Medical Examiner must be notified at Prince George's Maryland Bowie XX Yes 2 □ No Director 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 4017 Welsley Lane 20715 United States Funeral 14. Race - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Meritel Status XX Yes 2 No
If Yes, Give
Year or Detes: Vietnam 1 ☐ Never Married 2CXMarried 3altimore, Maryland 21215-0020 Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled w
Department of Health and Mental Hygien
Important: If Itam 27 is marked other thi Manager Department of Labor U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Dorothy M. Rowley Robert Walter Daniels 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 4017 Welsley Lane Bowie Maryland 20715 Joyce M. Daniels Wife 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Name | 2 □ Cremetion | 3 □ Removel from State Lakemont Memorial Gardens 5/4/96 4 ☐ Donetion 5 ☐ Other (Specify) Davidsonville Md. 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility 23a. Pent. Enter the disease, or complications that caused the shock, or heart fellure. List only one cause on each line.

Approximately a complete the mode of dying, such as cerdiac or respiratory errest, approximately approx Robert E. Evans Funeral Home, P.A **Physician** Immediete Ceuse (Final diseese or condition resulting in deeth) ASPIRATION PNEUMONIA /Medical 4 DAYS Examiner by Physician/Medical Examiner VOMITING 4 DAYS burial-trensit Due to (or es e consequence of): pue Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury GASTROPARESIS Box 68760, physician 10 DAYS Due to (or es e consequence of): thet initiated events resulting in deeth) Last GRAMNEGATIVE UROSEPSIS 10 0 AYS Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown GRAM NEGATIVE UROSEPSIS, UNCONTROLLED Division of Vital Records, 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? ,24e. Wes en eutopsy performed? Completed DIABETES MELLITUS, HYPEROSMOLAR DEHYDRATION ACUTE RENAL FAILURE, PNEUMOTHORAX 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Diractor: After this certifica Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28c. Injury et Work? 28d. Describe how injury occurred 1 De Neturel 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homloide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.
2 Medical Examinar: On the bests of exemination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner steted. 29e, Certifier Medical 29b. Signature end title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number D31345 Keuls, sur 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Dr. Napoleon C. Marcelo 4000 Mitchellville Rd., Suite 430B Bowie, MD 20716 31. Dete filed (Month, Dey, Year) Registrar's Signeture State MAY 0 8 1996

BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit premoval.
	10 F 2 HO	ily filled ation, or
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - F hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

permit. Pages 1, 2, 3 should

once.

must be notified at

traumatic event, the medical examiner

other

Injury, or

shows any

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IMPORTANT: If

BY

COMPLETED Item 2

BE

2

certificate h marked, or this c

THE HOSPITAL DR ATTENDII
THE FUNERAL DIRECTOR: AI
filed within 72 hours after de

223

6

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CAYETANO HERNANDO DOMINGO 1996 12:30 A MAY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 577-52-0773 11√XM 2 □ F 4-10-1905 Philippines 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGE'S DIRECTOR 6906 Loch Raven Rd. Camp Springs 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Camp Springs Maryland Prince George's 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6906 Loch Raven Rd. 20748 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Merried FORCES? 1 X XYES 2 LIF YES GIVE WAR OR DATES
1925 to 1955 If yes, specify Cuban, Mexican, Puerto Rica 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 N Divorced Asian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 7th U.S. Navy- Chief Military 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) BE Fernando Domingo Lucia Hernando 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Michael Sabino 1800 Maple Ln. Accokeek, Maryland 20607 20a METHOD OF DISPOSITION
1. Burlel 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Arlington Nat 1. Cemetery 5-17-96 Arlington, Virginia 4 Donation 6 Other (Specify) George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death a. Generalized AThernsclenatic Candin - Vanculie Disease
Due to for as a consequence of: disesse or condition resulting in death) yesps CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? Chargic Obstauctive Pulmonary Disease 1 TYES 2 K NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one

1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 Residence	6 ☐ Other (Specify)
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCURED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At ho- building, etc. (Specify)	me, farm, street, fac	ctory, office	26f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)

29s. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Alsergen MD 025925 > May 7, 1996

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) #205, 7720 WISCONSIN Ave, J. BERGER MD Bethesda, Md 20816

31. DATE FILED (Month, Day, Year)

Jahr Studior Radall MAY 0 9 1996

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

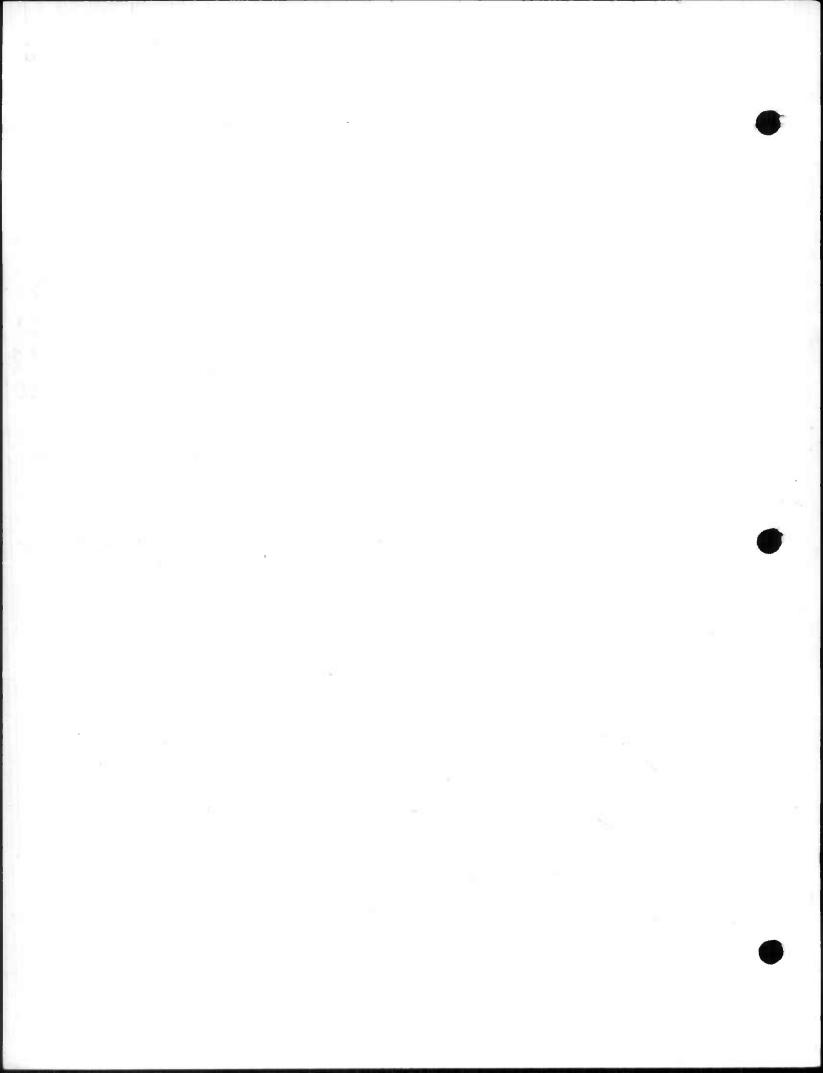
Certificate of Death

						Cen	illicate of	Death		Reg. No.		
	Physic /Medi		Decedent's Nama (First, Middle, ALOYSIUS	Ε.		OUGHERT			2. Data of D Month	Day 6	Yaar 196	3. Tima of Death 7/423m
P	Exami		4a. Facility Nama (If not institution, s ATLANTIC GEN					4b. City, Town, or BERLIN			of Death	R
	Funeral Director		170-22-8999	Sex t☐M 2□F	7. Aga (In yrs. II 67	ast birthday) Yrs.	if Undar 1 Yaar Months Days	if Undar 24 Hr Hours Mir	8. Data of B (Month, D MARCH	rth Yaar) 2,1929	9. Birthpi Count PENN	iaca (Stata or Foraign try) SYLVANIA
	aftar death with tha Maryland or items 23a or 28a-f show in near must be notified at	tor	Usual Rasidanca of Dacedant 10a. Stata 10b. County DELAWARE SUSSE	X		Town or Loc SBORO	ation				10	0d. Insida City Limits 1 ☐ Yas 2 🛣 No
	or 28	ire	10e. Street and Number				10f. Zip Coda			10g. Citizan of	What Count	iry?
	23a	ral	29 MANOR DRIVE	, MALLARD	CREEK		19	939		USA		
020	aftar or ite	by Funeral Director	11. Marital Status 1 □ Navar Married 2 □ Marriad 3 □ Widowed 4 □ Divorced	12. Was Deced Armed Ford 12 Yas 2 If Yas, Give Yaar or Da	cas? 2 □ No a		as Decedant of I Yas, specify Cub	Hispanic Origin? (an, Maxican, Pua Specify:	Specify Yas or N rto Rican, atc.)	o- 14. Ra Bia Specil	ce - Amarica ck, Whita, a y: WHI	atc.
21215-0020	na Program	Completed by	15. Decedant's (Specify only highast s Eiamantary/Secondery (0-12)	Education grada complatad) Collega (1~	4or 5+)	life. Di	ent's Usual Occup Ind of work dona O NOT use ratire	•	orking	HEATIN AIR CO		
Maryland	should be liled within and Mental Hygiene. marked other then umatic event, the M.	To Be C	17. Fathar's Nama (First, Middla, La JOSEPH DOU	•					ma (First, Middle DE GENSI	a, <i>Mald</i> an Sumai HIEMER	na)	
	and 2 sho		19a. tnformant's Name/Ralationship JEAN M. DOUGHERT			29 MAI	LARD DR	and Number or F • , MALLAR	D CREEK	DAGSBOR	O,DE.	19939
Baltimore,	Page nent o ant: If I		20a. Method of Disposition 1 ☑ Burlai 2 ☐ Cramation 3 4 ☐ Donation 3 ☐ Other (Special Control of the Control	oify)	tata	REY'S	ition (Nama of atory or other pla CEMETERY		Data 5/9/96	20c. Location FRANKFO	RD, DE	LAWARE
Bal	permit. Departr Imports any inj		21. Signature of Edneral Service Co	Na					ANKFORD	DE. 199		S
	Physician /Medical Examiner	er.	23a. Plant. Enter the disease, or co shock, or heart tasked. List on Immediate Cause (Fine disease or condition resulting in death)					ng, such as cardio				Approximete Intarval Batween Onsat and Death
0,	executed an and rial-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury	b		as a consequ	1	NOW SE	cec sis			12
ox 68760,	certificate be executed and ing physician and use as the buriel-transit	Physician/Medical	Cause (Diseasa or iñjury that initiated avants rasulting in death) Last	c	Dua to (or	as a consequ	anca of):					417
m		cian	Dank Cahanal Maran						001 01			
, P.O.	iras that tha daatt signed by the atte d be datached for	by Physi	Part II. Other significant conditions — M / A	· S + e M		iting in the und	Jarlying causa gh	van in Part I.		Yes 2□ No	3 ☐ Prob	the cause of death? ably 4 Unknown
of Vital Records,	aw requisite been 2 should	Completed b							24a. War peri	s an autopsy ormed?	ava	ra autopsy findings illable prior to nplation of cause leath?
E R	The ata h	Con							10	Yas 2 No	1 🗆	Yas 2□ No
Vita	Physician: The this certificata ral director, pag	Be	25. Was casa rafarred to medical axeminer?	Moseitelt		/	04		ath (Check only	one)		
of	Physic this c	-T	1 ☐ Yas 2 ☐ No 27. Mannar of Deeth	Hospital: 10 tn		R/Outpatient	3LI DOA		1	idence 6 Oth)
on	h. Aftar funar	tion	1 Netural 5 ☐ Pending	(Month,	Dey Year)	28b. Tima of Injury	28c. Injui Wor M 1	rk? IYas 2∐ No	280. Dascribe	how injury occur	red	
Division	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi complataly filled in by the funeral	Certification:	2 Accident investigation of Could not determine	be 28a. Piaca o	of Injury - At hor g, atc. (Specify)	ne, ferm, strae	at, factory, office			(Streat and Numi	ber or Rural	Routa Number,
	To the Hospital within 24 hours of To the Funeral completely filled	edical (29a. Certifier (Check only one) 1 Eertifying F	hydician: To the bas miner: On the bas and manne	is of examination	riadga, daath o on and/or inva	occurrad at tha tir stigetion, in my o	ma, data and place opinion, daath occ	e, end dua to the urred at tha tima	ceusa(s) and m , data and placa,	annar as sta and dua to	ated. the cause(s)
	V within to the comp	W	29c. Signature and title of certifler 29c. Licansa number 25 (3 6)							29d. Data signe	96	
	12		30. Name and addrass of person whi	completed causa	of death (item	23a) (Typa, P	int) ust ce	n sha	e Dn	'vo. 57	LISO	z vry.
	Sta	ite	31. Data filed (Month, Day, Year)	32 Reg	gistrar's Signet							

AND THE STATE OF THE PARTY AND

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.	s medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	MARGARET CAT	HERINE	E	VAN.	5	MONTH DA	5 96	9:20 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign buntry)				
	220-18-0392 1 □ M 2 🕅 F 9a. FACILITY NAME (If not institution, give street and number)	/6	YRS.			JAN. 2,1						
œ	LONG VIEW NURSING HO	MID	- 1		R LOCATION OF DI	EATH	9c. COUNTY O					
2	RESIDENCE OF DECEDENT	ME		MANCH	ESTER		CARRO	LL				
DIRECTOR	MARYLAND CARROLL		1	TOWN OR LOCAT				10d, INSIDE CITY LIMITS?				
	100. STREET AND NUMBER		F.T	NKSBUR	ZIP CODE		10- CITITEN C	1 YES 2 NO				
FUNERAL	731 RIDGE RD.				21048		USA					
N N	FORGER	ENT EVER IN U.S. AF			ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No — 14. R	ACE — American Indian, liack, White, atc.				
ВУ		WAR OR DATES	200		2 X NO Specify	n, Puerto Rican, etc.)	1 656	pecify: WHITE				
	15. DECEDENT'S EDUCATION	16a. Di	ECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BUS	INESS/INDUSTR					
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	(0	live kind of wo Do NOT use	ork done during mo	et of working	100 1010 01 000						
MPI	6		HO	USEWIF:	E	HOME N	MAKING					
	17. FATHER'S NAME (First, Middle, Last)	T TODE	a D			ME (First, Middle, Maiden S						
BE												
PATRICIA A. SISSON 731 RIDGE RD., FINKSBURG, MD. 21048												
20b. PLACE AND DATE OF DISPOSITION OATE 20c, LOCATION — City or Town. State												
	4 Donation & Doner (Sugar)	PÄTÄ	PSCO	"U.M.C	HURCH C	EM 5/17 E	PATAPS	CO, MD.				
	21. SEMATURE OF FUNE SEE SOUVICE LICENSEE			22. NAME AN	D AOORESS OF FA	CILITY		NERAL HOME				
_	23. PART I. Enter the diseases, or complications to			254 1	E. MAIN	ST., WEST	MINST	ER,MD.21157				
Y PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBUTE TO COMENTAL STANDARD OF OBJECT OF CONTRIBUTE TO COMENTAL STANDARD OF OBJECT OF CONTRIBUTE TO COMENTAL STANDARD OF OBJECT OF CONTRIBUTE TO COMENTAL STANDARD OF OBJECT OF CONTRIBUTE TO COMENTAL STANDARD OF OBJECT OF CONTRIBUTE TO COMENTAL STANDARD OF OBJECT OF CONTRIBUTE TO COMENTAL STANDARD OF OBJECT OF CONTRIBUTE TO COMENTAL STANDARD OF OBJECT OF COMENTAL STANDARD OF OBJECT OF COMENTAL STANDARD OF OBJECT OF COMENTAL STANDARD OF OBJECT OF COMENTAL STANDARD OF OBJECT OF COMENTAL STANDARD OF OBJECT OF COMENTAL STANDARD OF OBJECT OF COMENTAL STANDARD OF OBJECT OF COMENTAL STANDARD OF OBJECT OF COMENTAL STANDARD OF COMENT	O (OR AS A CONSE	QUENCE OF): OUENCE OF): OUENCE OF): Tassilting in	the underlying M C / NO P (Check only one) OTHER: Underlying Home OF 28c. INJURY WOI	UNCERTAIN 5 - Residence	PERFORM 1 NES 2	MTOPSY (Interval Between Onset and Death AU AU 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
D BY	3 Suicide 28a. PLACE	OF INJURY — At ho	me, ferm, atr			281. LOCATION (Street an	nd Number or Run	al Route Number,				
ETE	4 Homicide determined	p, (opsony)				City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best 2 MEDICAL EXAMINER: On the best of							e(a) and manner as stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER W. H TOWARD	M.D			DO 2	386	▶5-	ED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA W. I. FO A A M. (31. DATE FILED (Month Day, War) 32. BEGISTS	7 32	13/	MAIN	StN	1 ANCho	ester	Md 21102				
	31. DATE FILED (MODIL), Day, Year) MAY 1 6 1996 32. REGISTRAR'S SIGNATURE Julia Division Revial											

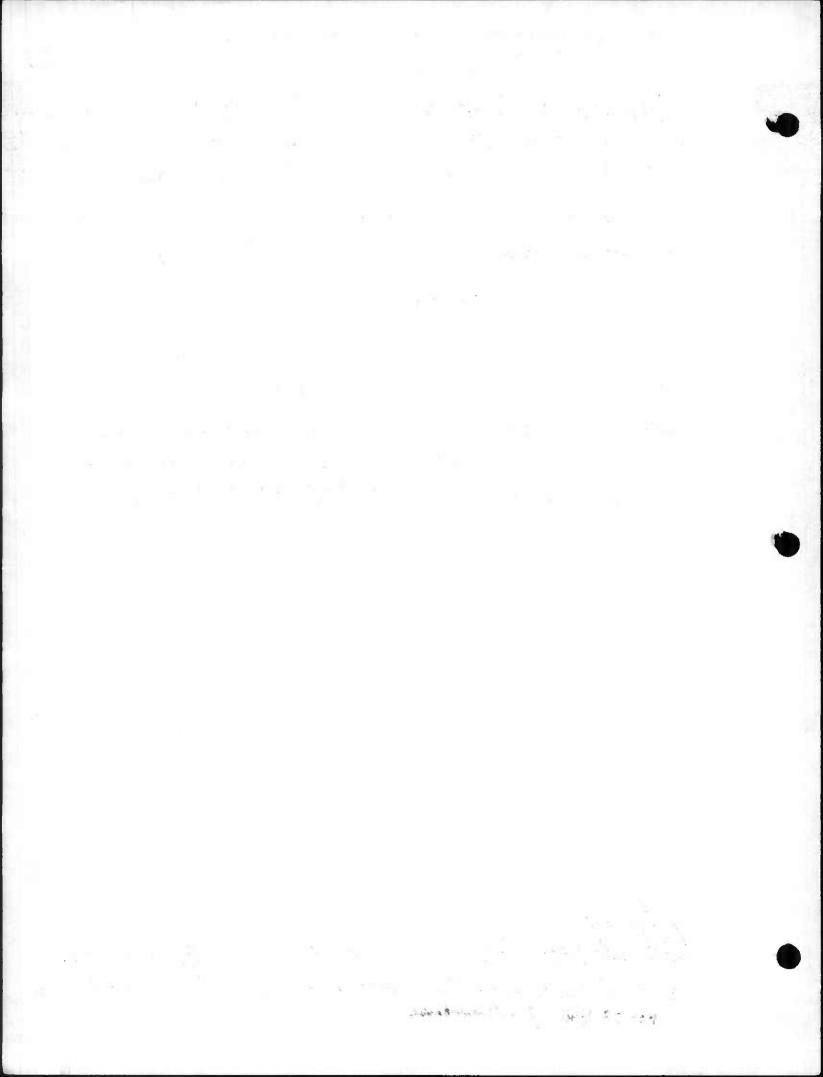


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State of Maryland / Department of Health and Mental Hygiene

96

							Ce	rtifica	te of	Death			Reg. No.			
	Physic	ian	Decedent's Name (First,	Middle, Las	1	2 -	A 1				1	2. Dete of Do			Year	3. Time of Death
6	/Medi		CHUR	R.	h. [1	950	\mathcal{N}_{-}					11011	J 3	/	996	1.55/14
2	Exami	ner	Washington A			tal						ation of Deal		County o		
_	200						- 4 5 2 4 4	H I Ind	er 1 Yeer			k, MD			mary	
	Funeral Director		5. Sociei Security Number 240–34–8759	6. S	M 2□F	e (in yrs. ie 68	ast birthday) Yrs.	Months		Hours	Min.	8. Dete of Bi (Month, D	ay, Year)	1020	9. Birthpled	State or Foreign
			Usuat Residence of Decede	nt		00		ł				Januar	ryı,	1940	SHILL	hfield, N
	yland		10a. State 10b. C				, Town or Lo								10d.	Inside City Limits
	72 hours after death with the Maryland natural, or items 23s or 28s-f show lines Examiner must be notified at	ş	MD Pri	nce G	eorges	H	yatts	/111 €	2							1⊠ Yes 2□ No
	or 28	Funeral Director	10e. Street and Number					10f. Z	ip Code				10g. Citiz	en of W	hat Country	?
	th wi	le.	2304 Ritten	house	Street				2078	2			US	A		
	aftar das or fterne	Inei	11. Maritel Stetus		12. Wes Decadent Armed Forces?	Ever tn U,S	5. 13.	Was Dec	edent of h	dispenic Ori	igin? (Spec	cify Yes or Nican, etc.)	0- 1		- American	
1	72 hours after das natural', or items	Į,	1 Never Married 2		1 ☑ Yes 2 ☐ I If Yes, Give 1	1-4-5		1 ☐ Yes		Specify:		,		Specify:		
	n 72 hours "natural", edical Ext	Completed by	3 Widowed 4 Div		Year or Dates:	1-4-5 4-8-5	54								Black	
212-0020	- 1	ete	15. De (Specify only	edent's Ed nighest gra	ucation de com <i>pleted)</i>		16a. Dece (Give	dent's Us kind of w	uet Occup	oation du <i>ring</i> m <i>os</i> d)	at of working	g	16b. Kir	nd of Bus	siness/Indus	try
	within ane.	Ē	Etementery/Secondary (07)	-12)	College (1-4or 5	i+)	Cabi						IIC	Air		
3	Hygi ther mt,	Ö	17. Fether's Name (First, M	ddle, Last)		-	Cabi	11 31	Ewali		er's Name	(First, Middle) ·	
and hand	d be	o Be	Ira Eason								ie Ada				,	
	mark	P	19a. informant's Name/Ret	tionship (7	vpe. Print)		19b. Mailii	na Addre	s (Street			Route Numl	ber. City or	Town S	State Zin Co	ode)
	Tran		Carolyn Eason		Wife				·							
-	Haa tam tam		20a. Method of Disposition	1	MITTE	20b. Pla	aca of Dispo	sition (N	ame of	ise st	. , H)	yattsv Date	20c. Lo	cation - 0	City or Town	, Stete
	ant o art: If i		1 ☑ Burlai 2 ☐ Crema 4 ☐ Donation 5 ☐ Oth				metery, cree Cree				5-	-6-96	Mack	inai	ton, I	C
	permit. Pagas 1 and 2 should be filed within Department of Health and Mental Hyglene. Important: If Itam 27 is marked other than any injury or other traumatic event, the Mance.		21. Signature of Funeral Se			11001				-				IIII	LOII, L	<u> </u>
1	Depa impo eny ir		10 D. U	n	10		M	arsh	all's	Fune	eral H	Home,	Inc.	2004	4	
-			23a. Part. Enter the disea	land.	lications that caused	the death						Wash.,		20013		pproximate
	Physician		Enter the disea k, or heart feilure	List only	one cause on eech tir	10.						. oop.i.a.co.y			tn	tervai Between nset and Death
	/Medical		tmmediate Cause (Final		Mota	-Par	1		C1 /	AI	1000	1			0	Your 17.
	Examiner	ш	tmmediate Cause (Final disease or condition resulting in death) Due to (or es e consequence) of the control of												MONIAS	
	N 11 2	ě											1			
	tificate be executed g physician and as tha burial-transit	Examiner	Sequentially list conditions		b. ————	Due to (or	es e consec	uenca of):							
	an ar		Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury													
	certificata be exacul iding physician and isa as tha burial-trar	//Medical	thet initieted events resulting in death) Last	1	C	Due to (or	es e conseq	uenca of	:							
	certifica ding pl	Mec	Tooling in double, and	L												
		an			G											
	0 0 0	Physician	Pert It. Other significant co	nditions co	ntributing to death b	ut not resul	Iting in the u	nderlying	cause giv	en in Part	1.	23b. Did	tobacco	usa con	tribute to th	ne cause of death?
	d by											1□	Yes 2	□No	3 Probat	oiy 4 Unknown
	8 6 8	b												- T	241	
	v require been si	Completed											s an autop ormed?	sy	availa	autopsy findings able prior to eletion of cause
	2 5	du													of dea	
	Da ata											1 🗆	Yes 2X] No	1 🗆 Y	es 2□ No
	Physician: The this cartificata ral director, pag	Be	25. Wes case referred to m examiner?		Hospital:				Ott		e of Death	(Check only	one)			
	S S D	L L	1 Yes 2 No		Inpatie		R/Outpatier			4 LI NI		e 5 Res				
	ling P	lo		ending	28a. Date of Inju (Month, Da)	Year)	28b. Time of tnjury	М	28c. Injui Woi	rk? Yes 2□		8d. Describe	now injury	occurre	9G	
	Attanding or death. cotor: Aftai by the fune	Certification:	3□ Suicide 6□ C	vestigation ould not be	28e. Placa of tnji	une. At hos	ma form of			162 2 🗆		Rf Location	(Street and	d Numbe	r or Pural P	Route Number,
	after Direction by	Tie	4 ☐ Homicide	etermined	building, etc	(Specify))	eet, lacto	ry, omca		20		wn, State)		or ribrarri	Obte Mulliper,
	To the Hospital or Attanding Ph within 24 hours after daath. To the Funeral Director: After th completely filled in by the funeral		29a. Cogilier/ 10XCo	and Phy	raician: To the best of	of my know	dedge death	000011770	d at the tir	me date an	od place, ar	ad due to the	cauca(e)	and mar	nor se etate	
	24 h 24 h Fun ataly	edical	They frill 2 100	ieni Exam	iner: On the basis of and manner sta	examination	on and/or in	vestigatio	n, in my	plnion, dea	ith occurred	d at the time	, date and	pieca, a	nd due to th	e cause(s)
	To the Hospital within 24 hours To the Funeral complataly filled	Me	29 Sighaty and tipe of	artifier				2:	c. Licens	se number		T	29d. Dete	e signed	(Month, Da	y, Year)
	FSFÖ		1/1/1/1/1/1/1	1111	MA			7	Na.	150			0	1.	2/2 /	aai
	(E)		10 Name and	VY	ompleted course of the	nath /lt	03a) /To	Drint\	UUI	57			TPI	1 3	sull	996
	(3)		Teles and eddress of pe	rsu 100	ompleted ceuse of d	76	20a) (1ype,	Can E	DIII	1/10	100	Do 1	210-	ho	18 mi	1 20010
	Sta	ate	31. Date filed (Month, Day,	Year)	32. Registra	ar's Signatu	ure e	J K L	LIVI	VIIY	VIII.	VII.	- ICC	VUC	111/	10110
	010		***** O.P. 1	200	Chris of Butt	MACHAN	Alada									



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State of Maryland / Department of Health and Mental Hygiene

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nysician Medical					0071	tificate of	Doutin		Reg. No.		
		1. Decedent's Nama (First, Middle, I	FIL		N			2. Date of D Month MAY	Day 2	Year 199	
kaminer		4a. Facility Nama (If not institution, g	- HOSPI	TA			4b. City, Town, or Lo	CSTOL	n 13.	ALTI	MORE
neral ector		5. Social Security Number 6. 412-02-0614 Usual Residence of Decedent	. Sax 7. Ag 1 □ M 21 F	ge (In yrs. I 72	Yrs.	Months Days		8. Data of 8 (Month, L	orth Day, Year) 23	9. Birth Cou Teni	npiace (State or F untry)
Na nowled at Director		10a. Stata 10b. County Md Baltimo	ore		, Town or Loc gs Mill						10d. Inside City 1 □ Yas 2
Director		10e. Street and Number				10f. Zip Code			10g. Citizen	of What Cou	untry?
al D		107 WILLOW BENI	DRIVE #3A			2111	.7		USA		
any injury or other traumatic event, the Medical Examiner must be notified an once. To Be Completed by Funeral Director		11. Marital Status 1 ☐ Navar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1	7		Vas Decedant of Yes, specify Cult ☐ Yes 2 X No	Hispanic Origin? (Sp ban, Maxican, Puerto Specify:	ecify Yas or N Rican, etc.)		lace - Amar lack, White cifyBLAC	
ted a		15. Decedent's	Education	1	16a. Decede	ent's Usual Occu	pation	· la a	18b. Kind of	Business/i	ndustry
r, the Medical		(Specify only highest g	4 Cellege (1-4or	5+)	EDU	O NOT use retine	ipation e during most of work ed)	ang	EDUCA	ATION	
Be (17. Father's Name (First, Middla, La	st)				18. Mother's Nam			ama)	
To		JAMES LUTHER I	EARN				MARII	E WASH]	INGTON		
er traum		19a. Informant's Name/Relationship HAROLD FILSON	(Type, Pnint)		SAME A	S 10A,B	ot and Number or Run , C, D, E&F	al Route Num	ber, City or Tov	vn, Stata, Z	ip Code)
7	- 1	20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place)						Date 20c. Location - City or Town, Stata /96 Landover, Md.			
any inju		21. Signature of Funeral Servica Lic	Smil	Eli				12th ST	NE, DO		
ial-transit		Sequentially list conditions, if eny, teeding to immediate cause. Enter Underlying Cause (Disease or Injury	b	ASP Due to (or	as a consequence as a c	nance of):					
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State of Maryland / Department of Health and Mental Hygiene

						Cei	tificat	e of	Death			Reg. No.			
r	Dhusia		1. Decedent'a Nama (First, Middle, Las	ot)							2. Data of De Month	eeth	Veer	3. Tima of	Death
	Physic /Medi		LOWELL EDWARD F	LOWERS							May	10 1	996	2315	
	Exami	ner	4a. Facility Name (If riot institution, give CALVERT MEMORIA				o b	P	RINCE	FRE	DERICK	CALV			
	Funeral Director		5. Social Security Number 6. Social Security Number 7. Social Security Number 9. Social Security	9X 7. Ag	ge (In yrs. le 85	yrs.	If Undar Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bi (Month, D. March	rth a <i>y, Year)</i> 1 2 191	Count	eca (Steta d ry) st V	
Maryland H show	Maryland a-f ehow	stor	10a. Steta 10b. County	t	1	Town or Lo		Ch	arlest	on			10)d. Inside Ci 1 ☐ Yas	
	th with the 23a or 28	Funeral Director	10e. Street and Number 1 Arlin	gton Ave			10f. Zip Code 253			2530	02	10g. Citizan of V Unite			
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturet", or items 23a or 28a-f show any highly or other traumetic event, the Wed call Examinat must be notified at ance.	by	11. Marital Status 1 Nevar Married 2 Marriad 3 Widowed 4 Divorcad	12. Was Dacedant Armed Forcas? 1 Yas 2 1 If Yes, Give Yaar or Dates:	No	l l	Vas Deced Yes, spec	city Cube	llspenic Ori en, Mexicar Specify:	n, Puarto	ecify Yas or N Rican, etc.)	Blee	a - Amarica ck, White, a white	itc.	
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212	within iene.	ошо	Elamantary/Secondary (0-12)	Collega (1-4or t	5+)				" ales			Lewis	Hub	hard	
Maryland:	uld be filed fental Hyg rked other tic event,	To Be C	17. Fathar's Nama (First, Middle, Last) Madison E.	Flowers		9-	0001	, ,		er's Name		Maidan Suman Elkins	10)	Dara	
	and 2 should saith and Men n 27 is marke ier traumatic	F	19a. Informerit's Name/Ralationship (7 Murhl Flowers /				_					oer, City or Town, cland M	. ,		
altimore, mit. Pages 1 ai	Pages 1 ment of He ant: If iten ury or oth		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specify		JOI	nca of Dispo matary, cran 1es-	sition (Nameratory or o FIOW	na of ther plac 'EIS	e) May	14 lete	1996 ry	Big Sa			Vir
Ball	permit. Departr Importa any Init		21. Signature of Funeral Service Licens	saa		22	. Name en	d Addras	ss of Fecili	Rai	usch E	uneral	Hom	е	
			23a. Part 1. Enter the disease, or comp	lications that causac	the death							POrt R	epub	lic I	
	Physician /Medicai Examiner	er	shock, or haart fallura. List only of Immediata Causa (Final disaasa or condition rasulting in daath)	Λ	oror	as a conseq	A v	tes	m	dis	ease			Intarval Bat Onset and I	veen Jaath
o,	executed an and rial-transit	Examiner	Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying	b. ———	Dua to (or	as a conseq	uence of):								
× 68760,	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Medicai	Causa (Disaase or Injury that initiated avants resulting In daath) Lest	c	Dua to (or a	as a consaqu	uence of):								
Bo	attend affor us	clan	Doed II Others also Misses as a distance												
s, P.O.	s that the o	by Physician/	Part II. Other algorificant conditions co	Cule		Ing in the ur	idanying c	ausa giv	an In Parti	•		Yes 2□ No	3 ☐ Prob		Unknown
Records, P.O	e iaw requires that has been signed t ge 2 should be det	Completed b									24a. Was	an autopsy ormed?	evai	ra autopsy fileble prior to plation of coeath?	0
		Com									10	Yas 2 No	1 🗆	Yes 2	No
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ion	Attending Physician: or death. ector: After this certific by the funeral director,	ation	1 Natural 5 ☐ Panding invastigation	(Month, Day	y Year)	Injury	М		k? Yas 2□						
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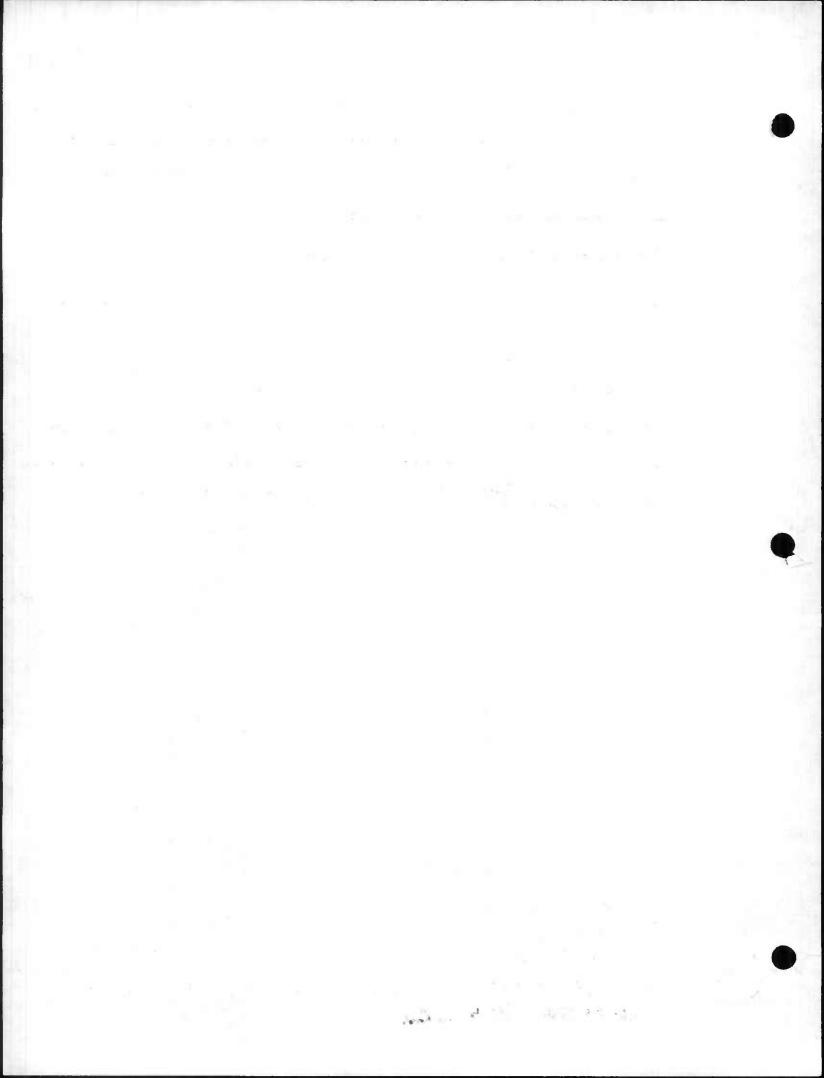
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State of Maryland / Department of Health and Mental Hygiene 96

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			Ce	rtificate of	Deam	F	Reg. No.		
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aminer	4a. Fecility Neme (If not institution, give stre				4b. City, Town, or Loc		4c. County	of Deeth	
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ral	5. Sociel Security Number 6. Sex	2 F 7. Age (h	n yrs. lest birthdey)	Months Deys		8. Dete of Birth (Month, Dey 6 / 29 /	h v, Year)	9. Birthplece Country)	e (Stete or Foreig York
ctor	579-46-3916	201	88 Yrs.			6/29/	/1907	New '	York
	Usuel Residence of Decedent 10a. Stete 10b. County	10	Oc. City, Town or Lo	ocation				10d.	Inside City Limits
ō	MD Montgome	ry	Rockv	ille					1 Sylves 2 No
ect	10e. Street end Number			10f. Zip Code			10g. Citizen of V		21
	6121 Montrose R	oad			0852	1		SA	
any injury or other traumetic event, the Medical Examiner must be notified at once. To Be Completed by Funeral Director	11. Meritel Status 12.	Wes Decedent Eve	r in U.S. 13.			cify Yes or No-		e - American I	Indien,
F	1 ☐ Never Married 2 ☐ Merried	Armed Forces? 1 ☐ Yes 2 ☐ No		_	Hispenic Origin? (Spec pen, Mexican, Puerto P	lican, etc.)	Bled	ck, White, etc.	
by		If Yes, Give A Yeer or Detes:		1□ Yes 2□No	Specify:		Specify	WH I	ITE
Completed	15. Decedent's Educati	on	16e. Dece	dent's Usuei Occu	petion		16b. Kind of B	usiness/Indust	ry
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Be (17. Fether's Neme (First, Middle, Last)				18. Mother's Neme			10)	
To	Arthur Rice				La	ura Wi	ise		
	19e. informent's Name/Reletionship (Type,	Print)	19b. Meili	ng Address (Stree	t and Number or Rural	Route Numbe	r, City or Town,	Stete, Zip Co.	de)
	Peter R. Fuch	S	540	5 Carol	ina Pl.,	N.W.V	Wash, D	.C. 20	0016
	20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Remo		20b. Plece of Dispo cemetery, crei	osition (Name of matory or other pla	ace)	Dete	20c. Location -	City or Town,	Stete
	4 Donetlon 5 Other (Specify)	Over HOILI State	Georget	own Med	. Sch. 4	/23/96	Wash:	ingtor	n, D.C.
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	24. Peril. Enter the disease, or complication shock, or heart failure. List only one complete the complete that the complete the complete that the complete	ons thet caused the						Ap	proximete erval Between
an	/							Or	set end Death
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3	d								
Physician	Dod II Other significant conditions and	Maria de de la francia				ORL DIAL		- 4 - 4 - 4	
hys	Pert li. Other significant conditions contribu	uting to death but no	ot resuming in the u	ndenying cause gi	ven in Pen I.				e cause of death ly 4 □ Unknow
by Physicia	Coronary Arter	y Disea	se			101	Yes ZV No	3 Probabi	ly 4 Dilkilo
						24e. Wes	en eutopsy		eutopsy findings
leted						perfor	med?	comple	ole prior to etion of cause
To Be Completed						1 D Y	(aa 077) Na		
Be	25. Was case referred to medical				26. Piece of Death			1016	es XII No
To B	exeminer?	nital:	2 ER/Outpetler	nt 3 DOA Ot	her: 4X Nursing Hom		-	er (Specify)	
n:T	27. Manner of Death 2	8a. Dete of injury (Month, Dey Ye					low injury occur		
0	1 Neturei 5 Pending 2 Accident investigation	(Month, Dey 16	ear) injury		Yes 2 No				
100	3 ☐ Suicide 6 ☐ Could not be	8e. Place of injury - building, etc. (S	At home, ferm, str	reet, factory, office	2	8f. Location (S City or Tow	Street end Numb	er or Rural Ro	oute Number,
Iffcati	4 Homicide determined	building, etc. (3	респу)			City of You	ni, Siele/		
Certificati	4 Homicide		1. 1.4	occurred at the ti	ime, dete end piece, ar	nd due to the o	cause(s) end me	enner as state	d.
cal Certification:	29a. Cartifier 1/7 Cartifying Physicia	n: To the best of m	y knowledge, deett	received of the ti		d at the time of	dete end blece.	and due to the	Cause(s)
edical Certificat		n: To the best of m On the besis of exa end menner steted.	minetion and/or in	vestigation, in my	opinion, deeth occurre	d of the time, t			
Medical Certificat	29a. Cartifier 12 Certifying Physicia (Check only 21 Medical Examiner:	On the besis of exa	minetion and/or in	vestigation, in my	se number		29d. Dete signe	d (Month, Day	, Year)
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Dhualai	an	1. Decedent's Nama (First, Middle, La	st)	7.00511	To	2. Data of Deat Month		3. Time of Death
Physicia /Medic		WINTHROP	F	FARREL	-, JK	MAY	6 1	496 2:00 Am
Examin	er	4a. Facility Nama (If not institution, give			4b. City, Town, or Lo	cation of Death	4c. County	
<i>c</i>		PRINCE GEORGE'S 5. Social Security Number 6.5		ast hirthday) If Under 1 Ya	CHEVERLY ar If Undar 24 Hrs.	D. Data of Dist		e beorbe's
Funeral Director			Sex 7. Aga (In yrs. le	Yrs. Months Day		8. Date of Birth (Month, Day, 07-13-		9. Birthplace (State or Foreign Country) BOSTON, MASS.,
anyland show		10a. Stete 10b. County	10c. City	, Town or Location				10d. inside City Limits
the Mary 28a-f sh	ctor	MD. PRINCE	GEORGE'S	ADELPHI				Y□ Yas 2□ No
or 23	Director	10e. Street and Number		10f. Zip Code	9	1	0g. Citizen of \	What Country?
ath w	rai		D. #104	207			U.S.A	
er de Item	Funeral	11. Marital Status	12. Was Decedant Evar in U.S Armed Forces?	S. 13. Was Decedent of If Yas, specify C	f Hispanic Orlgin? (Speuban, Maxicen, Puerto	cify Yas or No- Rican, etc.)		e - American Indian, ck, Whita, atc.
5-0020 72 hours after death with the Maryland natural', or Herns 23a or 28a-f show pical Examiner must be notified at	by	1 X Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Giva Yaar or Dates:	1□ Yes 2□N	lo Specify:		Specify	WHITE
5-0 72 ho	Completed	15. Decedent's E (Specify only highest gro	ducation	16a. Decedent's Usual Occ	cupation ne during most of worki	na	16b. Kind of B	usiness/Industry
2121 d within giene.	nple	Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT use ret	ired)	,9		
	Col	12TH	6	DEFENSE ANAL		4000 - 0.00 1.00	SCIEN	.02
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Mar nd 2 sh lith and 27 is m		MARIE L. FARRELI		40 BROOKFIEL				
Te He a	1 1	20a. Method of Disposition	20b. Pl	ace of Disposition (Name of				02152 City or Town, Stata
Page Page nent o		1 Burial 2 Cremation 3 5 4 Donation 5 Other (Special	Hemoval from Stete	THROP CEMETER		5-11-9W	INTHROP	MASS.
Baltimore, permit. Pages 1 at Department of Hee Important: If Item; any Injury or othe once.		21. Signature of Funeral Service Licer		22. Name and Add	EY 320	O RHODE	I SLAND	
	4	23a, Baff1, Enter the disease, or com	olication that caused the whith	FUNERAL I		NT RAIN	IER, MD	20712 Approximate
Physician	_	Shock, or heart failure. List only	plications that caused the deth one cause on each line.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Intarval Between Onsat and Death
/Medical		Immediate Cause (Final disease or condition	Hugantanon	e Contravas	could a Du	20210		110005
Examiner		resulting in death)	a. Hypertensiv	as a consequence of):	CULAK DE	Head 6		years
D 4	iner	_						
and brand	Examiner	Sequentially list conditions, if any, leading to immediate	Due to (or	as a consequance of):				
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9 -	*		d					
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P.O.	hys	Part II. Other significant conditions of				230. DIG 10		ntribute to the cause of death? 3 Probably 4 Unknow
ds, P.(by P	Arterio-venous m	alformation, las	ige, Left lemp	onal		29410	
Records,	pe	lobe, s/p. hemo				24e. Was e	n eutopsy	24b. Were autopsy findings available prior to
Reco	plet	lobe, S/p. nemo	razges (2 June	s, 1480:1) into	brain;	,		complation of cause of death?
The sta	No.	Seizure disonder	2,			1 □ Y€	s 2 No	1 ☐ Yes 2 ☐ No
Vital I	Be	25. Was case referred to medical examiner?			26. Place of Death	(Check only on	e)	
Of V Physic rinis or real dire	2	1 Yas 2□ No	Hospital: 1 ☐ Inpatient 2 ☐ E	ENOutpatiant 3th DOA	Other: 4 Nursing Ho	ne 5 🗖 Rasida	ince 6 □Oth	er (Specify)
On O	ou:	27. Manner of Death 1 XNaturel 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of / 28c. In Injury		28d. Describe ho	w Injury occur	red
Sio	cat	2 Accident Investigatio 3 Suicide 6 Could not b			☐ Yes 2☐ No	201 1 1 101		0(0
Division or Attending after death. Director: Atter i in by the fune	Certification:	4 Homicide determined	building, etc. (Specify,	me, farm, street, factory, offic)	20	City or Towr		per or Rural Routa Number,
Hospital or 24 hours after Funeral Dis tely filled in	ŏ	29a. Certifier 1 Certifying Ph	yslcian: To the best of my know	ledge death occurred at the	time date and place	and due to the or	uso(s) and m	onnar as stated
Divisi To the Hospital or Atten- within 24 hours after deat To the Funeral Director: completely filled in by the	edical		niner: On the basis of examinati and manner stated.					
To the Pethin 3 To the comple	ž.	29b. Signeture and title of certifier		29c. Lice	ense number	2	9d. Date signe	d (Month, Day, Year)
5		Bengen 1	ID	D25	925	1	May 8.	1996
151	1	30. Name and eddress of person who	completed cause of deeth (Item	23a) (Type, Print)			1-7	
()		J. BERGER MD	completed cause of deeth (Item #205, 772	D WISCONS.	IN Ave, 1	BeThosd.	I, Ma	20814
Sta		31. Data filed (Month, Day, Year)	July Linguistat & Signati	2.1.11	,			•
Registra	ar	MAY 0 9 1996	Juniger marties.	ALDER!				

DHMH 16 Ray 6/95

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permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

296. SIGNATURE AND TITLE OF CERTIFIER

ONAL

.00

OANE

SIGNATURE /

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Item

FUNERAL within 72 h MPORTANT: II

23

표보

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit purchash with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	Section of the Principle
ath. Page 6 may be re	neral director, page 5	THEN IS I SEE THE WAS A PROPERTY OF SERVICE AND SERVICE AND SERVICE EXEMPLES AND MAINTINES WAS AND SERVICE AND SER
in 24 hours after dea	ely filled in by the fu	the medical ave
cate be executed with	hysician and complete prior to bunal, crem	to transmistic avenue
hat the death certific	d by the attending p	au laine or othe
V: The law requires 1	cate has been signe State Deot, of Health	Ham 72 shouse a
TTENDING PHYSICIA!	TOR: After this certifi	20 is marked or
HOSPITAL OR A	FUNERAL DIREC	TAMT. 16 Item

96 15732 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JAMES E. GRIFFIN 11:45 M MAY 11 1996 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🔯 M 2 🗌 F 219-72-7035 NOV. 3 1946 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ANNAPOLIS 1 X YES 2 NO 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21403 US 1205 MADISON STREET APT. B3 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES ZYXNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

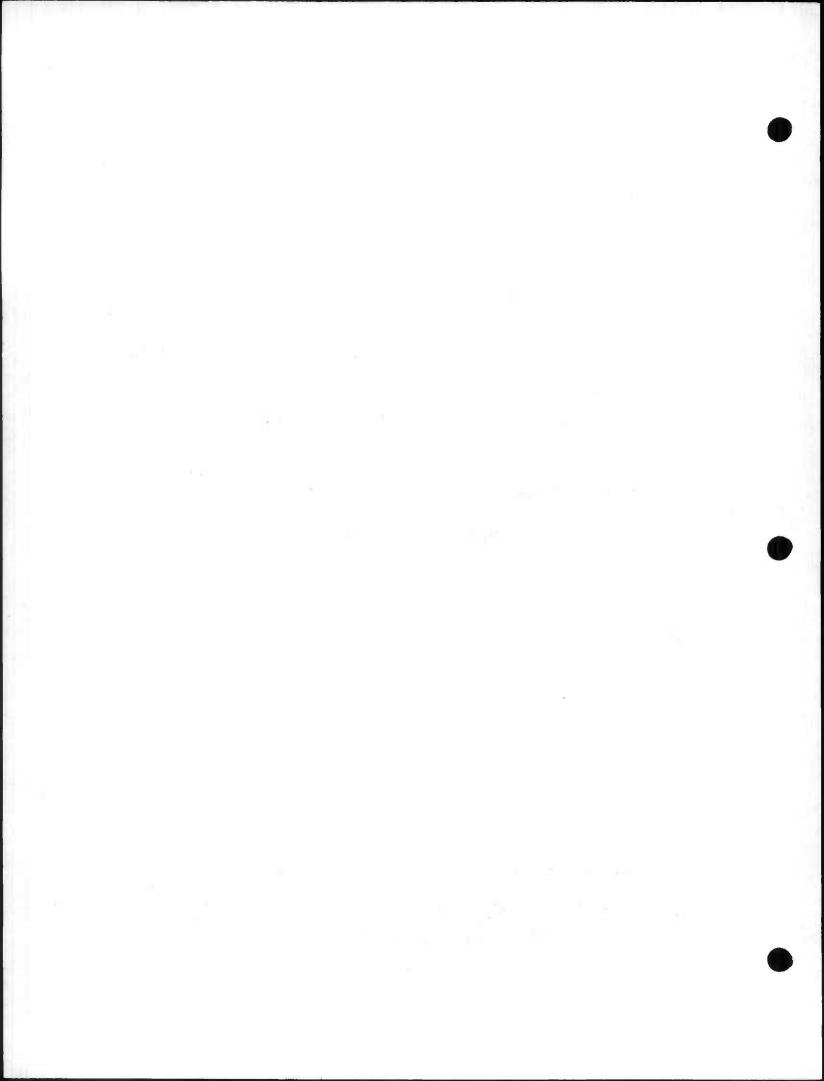
1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced BLACK 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) CONSTRUCTION HEAD CONSTRUCTION CO. 0 8th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) HELEN WOOD JAMES_A._GRIFFIN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 1216 BARBUD LANE ANNAPOLIS, MD. 21403 CATHERINE PARKER 20a. METHOD OF DISPOSITION
1 ◯ Burial 2 □ Cremation 3 □ Removal from Stata 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE MOSES CEMETERY 5/16/95 DRURY, MD. Donation 5 - Other (Specify) 22. NAME AND ADDRESS OF FACILITY WM. REESE & SONS MORTUARY, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, 821 WEST ST. ANNAPOLIS, MD. 21401 Approximata ahock, or heart failure. List only one cause on each line. Interval Batween CANCER Onset and Death IMMEDIATE CAUSE (Final 0 disease or condition 96 resulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? URA T YES 2 NO DF DEATH? Ro DATITY 1 YES 2 1-40 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO D UNCERTAIN [25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only option HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Homa 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

M.D

103

29d. DATE SIQNED (Month. Day Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death Month GEHRKE 5100 Am GEBRGE WILLIAM MA) 1996 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 9024 Lanham Severn Road Lanham PRINCE GEORGE'S If Under 24 Hrs. Hours Min. If Under 1 Year 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) 8. Date of Birth (Month, Day, Year) 1 XM 2□ F 73 Vrs October 21, 1922 Illinois 10b. County 10c. City, Town or Location 10d. Inside City Limits Laurel Prince Georges 1 Yes 2 No 10f. Zip Code 20708 10g. Citizen of What Country? 9124 Briarchip Street U.S.A. 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedant Evar In U,S. Armad Forces? Raca - Amarican Indian, Biack, White, etc. 1XOXas 2 No If Yes, Give Year or Disect 3, 1964 Nevar Merried 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: Caucasian 3 ☐ Widowed 4 ☐ Divorced 1947-16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Eiamentary/Secondary (0-12) Coilege (1-4or 5+) U.S. Government Military 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Surnama) Unknown Unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Flural Boute Number, City of Town Town Sip Code) 9124 Briarchip Street, Laurel, MD 20708 Myoung W. Paek-Son-in-Law 20b. Placa of Disposition (Name of cematery, crematory or other place)
Maryland Veterans Cemetery 20c. Location - City or Town, State Daurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) May 10, 1996 Cheltenham, MD 22. Nama and Address of Facility Rendon/Hale Funeral Home 9013 Annapolis Road, Lanham, MD 20706 IT. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ook, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death · GENERAUZED ATHEROS denotic candio-vasculare Disease Dua to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Chrime Obstructive Pulmonary Disease; status post 24b. Wera autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? co lectiony I colostony / bisdder carcinoms surgery

Physician /Medical Examiner

physician and s the burial-transit

Physician/Medical

Physician

/Medical

Examiner

Funeral

Director

7 is merked other than "natural", or items 23s or 28s-f traumetic event, the Medical Examiner must be notified

pernit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "r

b

Funeral

þ

5. Social Security Number

Usual Residence of Decedent

342-18-4298

10e. Street and Number

10a, Stata

Maryland

Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last

examiner? 1 Yes 2 No

Naturel

2 Accident

3 Suicide

29a. Certifier

Medical

4 Homicide

Immediate Cause (Final disease or condition resulting in death)

20a. Method of Disposition

1 Yes 1 ☐ Yas 2 ☐ No

26. Place of Death (Check only one)

May 7, 199 6

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 □ Nursing Home 5 Residence 8 □ Other (Specify) 28b. Time of 28d. Describe how Injury occurred 28c. fnjury at Work?

28a, Date of injury (Month, Day Year) 1 Yas 2 No 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signature and title of certifier

29c. Licanse number 29d. Date signed (Month, Day, Year)

30. Nama and address of parson who completed cause of death (Item 23a) (Type, Print)

7720 WISCONSIN AVE, BETHESDA, WID 20814 J, BERCOR IND 31. Date filed (Month, Day, Year)

Registrar

MAY 1 0 1996

5 Pending Investigation

6 Could not be determined

Bengy UND

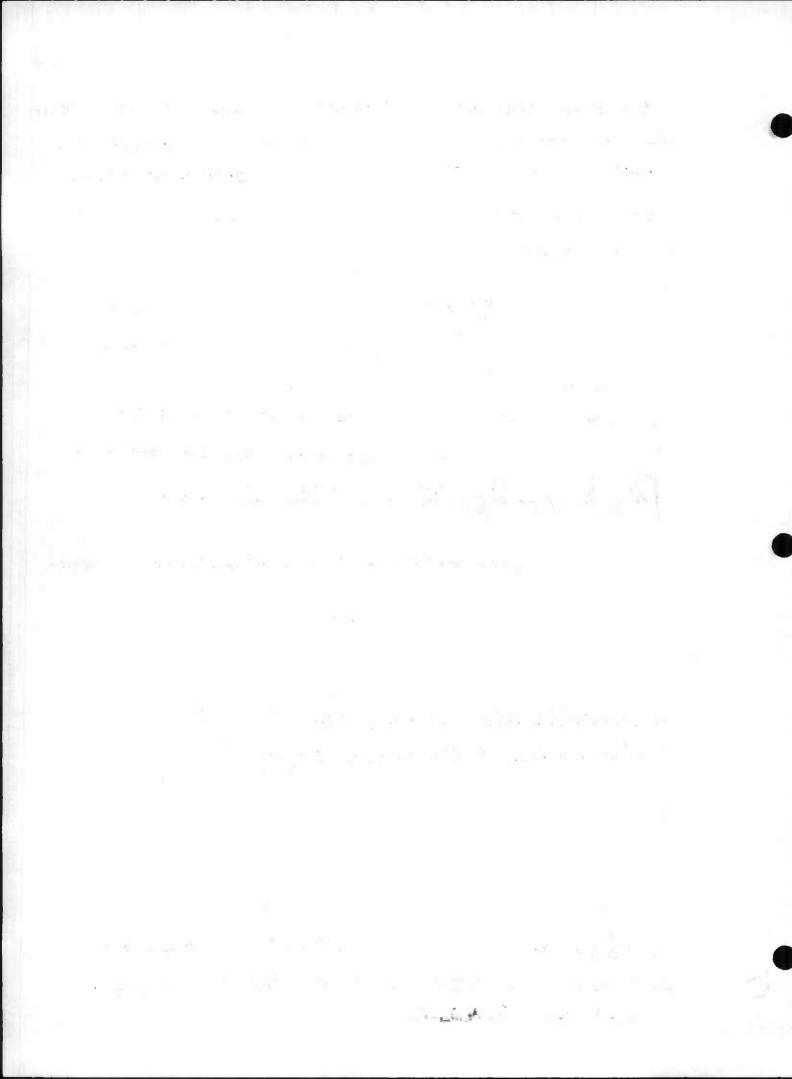


DHMH 16 Ray 6/95

been signed by the attending should be datached for use as Division of Vital To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: After this certific; completely filled in by the funeral director,

25. Was casa raferred to medical 27. Manner of Death

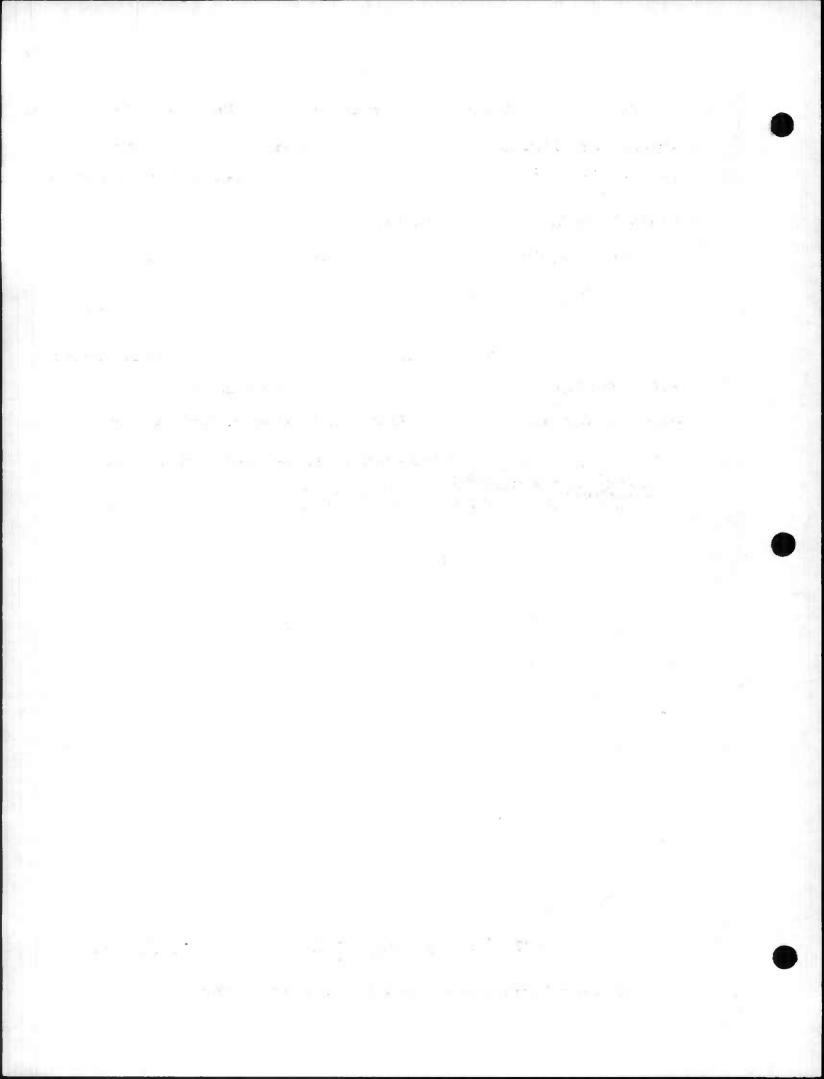


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15734

					Ce	rtificate o		,	Reg. No.		
	Dhysia	an	1. Decedent's Neme (First, Middle, Las	()				2. Deta of De	eeth Day	Yeer	3. Time of Death
	Physic /Medi		James	Francis	(Cartland,	Sr.	May		1996	9:04 P:M
	Exami		4a. Facility Nama (If not institution, giva	straat and number)			4b. City, Town, or	Location of Deal	th 4c. Count	y of Death	
	·		Physicians Memorial H	Ospital			LaPlata			Charles	3
	Funeral		Social Security Number 6. Se	x 7. Aga ⊋M 2□ F	(In yrs. last birthdey)	If Under 1 Yas		8. Data of Bi (Month, D	rth ey, Year)	9. Birthp	olaca (Stete or Foreign
	Director		049-12-8632	MINI ZUI	8 4 Yrs.			Dec. 8	, 1911		necticut
	and w		Usuel Residenca of Decedent 10e. Stete 10b. County		10c. City, Town or Lo	cation				1	I Od. Inside City Limits
	the Merylar 28a-f ahow	ō	Maryland Charles		Waldo	rf				1	1 ☐ Yes 21 No
	the the	Director	10e. Street end Number		via 1 do.	10f. Zip Code			10g. Citizen of	What Cour	nto/2
	th with	0	610 University	Drive			20602		US		, .
	filed within 72 hours efter deeth with the Meryland Hyglene. ther than "natural", or Items 23s or 28s-f show int, the Medical Examine must be notified at	Funeral	11. Markel Stetus	12. Was Decedent E	ver In U,S. 13.	Was Decedent of	f Hispanic Origin? (S Joan, Mexican, Puart	pecify Yes or No		ce - Amaric	can Indian,
0	or Its	F	1 ☐ Never Married 2 ☑ Married	Armed Forces? 1 ☐ Yes 2 ☐ XNo)			o Rican, atc.)	Bia	ick, White,	etc.
02	al', o	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva Yaar or Detes:		1⊡Yes 2⊡XN	o Specify:		Speci	fy:	White
21215-0020	"natural",	Be Completed	15. Decedent's Edi (Specify only highast grad	ucation	16a. Dece	dent's Usuel Occ	upation	rking	16b. Kind of E		
2	ithin	npie	Elementery/Secondery (0-12)	de completed) (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+)							
2	w bed w	Ö	5+ Judge							w Enforcement	
P	2 should be filed within and Mentel Hygiene. Is marked other than sumstic event, the Mentel to the M		17. Father's Nama (First, Middla, Last)				18. Mother's Ner			me)	
Yla	Men Men marke	2	Hugh J. Gartland					y Dohen	4		
Maryland			19e. Informent's Neme/Relationship (T. Michael S. Gartla				et and Number or Ru sity Drive				(Code)
	other to			na	20b. Plece of Dispo		orch prive				
Baltimore,	H to H		20e. Method of Disposition 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ I	Removel from Stete	cemetery, crer	netory or other p		Dete	20c. Location		wn, Stete
tir	permit. Pages Depertment of Important: If It any Injury or once.		4 Donation 5 Other (Specify,				Gardens	5-16	Waldor:	t, MD	
Bal	Permi		21. Signature of Superal Service Doors	Mouth	22 Hi	Nama and Add	lrass of Fecility neral Home				
)	00260		Benjamin Mat	thews M006	58 P	O. box	156, Wal	dorf, M	D 20604-	-0156	
			23e. Part1. Enter the diseasa, or comp shock, or heert feilure. List only o	lications thet caused t ne ceuse on each line	ha death. Do not ant	er tha mode of d	ying, such es cardiac	or respiretory a	errest,		Approximata Interval Between
	Physician			0			,				Onset and Death
7	/Medicai Examiner		Immediate Ceuse (Finei disease or condition resulting in deeth)	e Kes	protor	1 Lail	ure				
ш		_	resulting in death)	A 4 D		1 / 00 -	/_/		,	i	
	be isi	in a		. Adul	It Kind	napre	, auska.	20 50	Indrar	e	
	ificate be executed g physician end as the burlel-transit	edical Examiner	Sequentielly list conditions, if any, leading to immediate	10 100	ue to (or as a consec	uence of):	umon	•			
68760,	be e ician burie	<u>a</u>	Sequentielly list conditions, if any, leading to Immediate cause. Enter Undarlying Cause (Diseese or injury	. HIPT	awan 1	new	nrrow	4			
387	phys the	gic	thet initiated events resulting in death) Last	D	ue to (or as a conseq	uanca of):		(-		i	
	- 0 6	-		d						<u> </u>	
Box	requires thet the death cert een signed by the attendin hould be detached for use	by Physician/N						1			
P.0.	thet the dended by the a	ysi	Part II. Other significant conditions co			,					the cause of death?
	thet hed b	y PI	Cardial Je	ilure,	Perpha	01/	Colule	' ''	Yes 2□ No	3 ☐ Prol	bably 4 12 Unknow
Vital Records,	uld be	D D	Treas	,	, ,			24a. Was	an autopsy		ere autopsy lindings
00	> 0 6	Completed	Disease.					perfe	ormed?	co	ellable prior to impletion of cause death?
Re	The lew ate has t page 2 a	E C							v. 000		
la		ů e	25. Wes case referred to medical				00 District Des		Yas 2000	11	☐Yes 2☐No
>		ToB	examiner?	lospitel:	2 ER/Outpatien	t 3D DOA	28. Place of Dea	loma 5 ☐ Rasi		has (Canail	E.1
Division of	Phys rrthis eral di		27. Menner of Deeth	28a. Date of Injury (Month, Dey					how injury occu		<i>y</i> /
on	th. : After s funer	를 다	1 Neturei 5 ☐ Pending invastigation	(Month, Dey	Year) Injury		ork? □Yes 2□No				
S	Attending or death.	Hos	3 ☐ Suicide 6 ☐ Could not be	28e. Plece of Injury	y - At home, farm, str	eet, fectory, offic	е			ber or Rura	al Route Number,
ă	s afte s afte I Dire	Certification:	4 Homicide	building, etc.	(Specify)			City or 10	wn, State)		
	pepita hours inera ly fille	Na Na Na Na Na Na Na Na Na Na Na Na Na N	29e. Certifier Certifying Physical Certifying Physical Certifier (Certifying Physical Certifying Physical Certifying Physical Certifier (Certifying Physical Certifier Physical Certifier Physical Certifier Physical Certifier (Certifier Physical Certifier Physic	sician: To the best of	my knowiedge, deeth	occurred et the	time, dete end piece	, and due to the	ceuse(s) and m	anner as s	tated.
	To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fi	edical	(Check only 2 Medical Exami	ner: On the basis of e end menner state	xamineti <i>on</i> end/or inved.	estigation, in my	opinion, deeth occu	rred et the time,	date end plece	end due to) the cause(s)
	To the Com	2	29b. Signeture end title of certifier	141	. 115 N		nse number		29d. Date sign		2
			* KNOI	but con	Sulling th	Wf & D-12	587		5-18	2-9	0
		İ	30. Name and eddress of person who or	ompieted cause of dea	ath (Item 23a) (Type,	Print)					
			Girija Rath MD Cenna M	edical Cente	r 7-D Post C	office Roa	d Waldorf. M	11, 20602			

DHMH 16 Rev 6/95



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State of Maryland / Department of Health and Mental Hygiene

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15735

						Cer	tificate of	Death			Reg. No.			
	Physic	ian	Decedant's Nama (First, Middle, L.	ast)					2.	Date of Dea	ath Day	Yaar	3. Tima o	of Death
	/Medi		Irene Harrie	d)4	25	96	4:15	am
)	Exami		4a. Facility Name (If not institution, gi	ve street and numi	ber)			4b. City, To	wn, or Local	tion of Death	4c. County	of Death		
			Pleasant Livin	g Conv.	Cente	r		Edge	water	r	A.A			
	Funeral			Sex 7	. Age (In yrs. last	birthday)	If Undar 1 Yaar Months Days	If Under 2	Min. 8.	Data of Birt (Month, Da)	h v. Year)	9. Birth	piace (State intry)	or Foreign
	Director		212-22-4678	1□M 2√2F	72	Yrs.				06/27	/23	MARY	LÁND	
	pu ,	7	Usuai Residence of Decedent 10a. Stata 10b. County		10c. City, T	1	atio-	_						
	short short	-		DIMDET		SVILL							10d. Inside (s 2 No
	M ed	oto	MARYLAND ANNE A	KONDEL	GALE	SATEL								5 2 1140
	ith th	Director	10e. Street and Number				10f. Zip Code				10g. Citizen of	What Cou	ntry?	
	ath v		4753 MUDDY CREEK				20765				US			
	within 72 hours effer death with the Meryland ene. than "natural", or items 23s or 28s-f show he Medical Examinel must be notified at	Funerai	11. Marital Status	Armed Ford		13. W	as Decedent of Yes, specify Cut	Hispanic Oriç oan, Maxican	In? (Specif Puarto Ric	y Yes or No- an, etc.)		ca - Amari ck, White,	ican Indian, , etc.	
20	S of	by F	1 ☐ Never Married 2 ☐ Married **Divorced	1 ☐ Yes 2 If Yes, Give		1	☐ Yes 2☐No	Specify:			Specif	y: B	LACK	
3	ural'			Year or Dat		D				1				
ÿ	d within 72 ho piene. r than "natur the Medical	Completed	15. Decedent's E (Specify only highest gr		1	(Give k	ent's Usuai Occu aind of work done O NOT use retire	pation during most	of working		16b. Kind of B	usinass/In	dustry	
7	within one.	Ę	Elementery/Secondary (0-12)	College (1-4							IOODETEI	D 01	CMED	00
א ס	77 12 14 14		5th 17. Fathar's Nama (First, Middla, Las	0		OYSIE	R SHUCK		r's Name /F		NOODFIEI Maiden Sumar		SIER	50.
Maryland 21215-0020	Mentei Mentei Brked o	Be C	GEORGE HICKS	,				DAI		mot, maara,	meroon ourner	144)		
2	should bund marked	2	19a. Informent's Name/Relationship	(Time Print)		Oh Mallin	a Addenso /Ctros			lauta Mumba	- City of Town	Cloto 7	o Codel	
2	2 8 8		MARY E. MACKELL (Address (Stree E. COPE							
	of Heeith Item 27		20a. Method of Disposition	DIIOGIII LIK	-		ition (Name of			Date	20c. Location			
ğ	Peges nent of I int: If Ite		1 X Burial 2 ☐ Cremation 3 [ata	tery, crem	atory or othar pla			130				
Baltimore,	rtme rtant		4 Donation 5 Other (Speci	•	ANNAP		MEM. GA		5/3	/96	ANNAPOI	ulS,	MD.	
a	permit. Peges Department of important: If I any injury or once.		21. Signatura of Funeral Service Lice	nsee		22. WM.	Nama and Addr REESE			HARY.	P. A.			
	40240		Larry D. 1.	feese		821	WEST S	T. ANN	APOLI	S, MD.	21401			
			23a. Part1. Enter the disaase, or con shock, or heart failure. List only	plications that cau	usad tha death. D	o not ente	r tha moda of dy	ing, such as	cardiac or re	espiratory ar	rest,	1	Approxime Interval Be	etween
7	Physician		etaus eta eta eta eta eta eta eta eta eta eta		1	^	10						Onset and	Death
	/Medical Examiner		Immediate Cause (Final disease or condition	a.	len	al	take	re				11	unh	ww
			resulting in death)		Due to (or as	a consequ	ience of):						50000	
	be isi	Examiner		b								1		
	end Ftran	xan	Sequentially list conditions,		Due to (or as	a consequ	ience of):							
68760,	be es ician burie		if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C										
ò	certificate be executed iding physician end ise es the buriel-transit	/Medical	that Initiated events resulting in death) Last		Due to (or as	a consequ	enca of):							
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2	or Attendath after death Director: /	E	4 Homicide determined	289. Place of	f Injury - At home, , atc. (Specify)	farm, stre	et, factory, offica		281.	Location (S City or Tow	Street and Numi vn, State)	per or Run	al Route Nur	mber,
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			1 / Malle		(UI)		Di	271	07		7	1/96	l .	
			30. Name and address of person who	gonfolded cause	of death (Item 23a	a) (Type, P	'rint)	7.1.)	· 1	1 4-	1		
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State of Maryland / Department of Health and Mental Hygiene

15736

						Cer	tificate	of	Death		Reg	J. No.		10100
	Physici /Medi		Decedent's Nama (First, Middle, La: CATHERINE ANTO	INETTE	HANN	AN					Data of Deeth Month	Dey 1996	Yeer	3. Time of Death
	Examir		4e. Fecility Neme (If not Institution, give CALVERT MEMORIAL)	101				wn, or Location	n of Death	4c. County CALVI		
	Funeral Director		202-20-0210	ax □ M 2 T F 7. A	ge (In yrs. lest birt 89	rhdey) Yrs.	If Under 1 Months I	Yeer Days	If Under a	24 Hrs. 8. [Min. SE	Dete of Birth Month, Dey, PT • 25	, 1906	9. Birthp Court PA	lece (Stete or Foreign try)
	with the Maryland as or 28a-f show Lbs notified at	tor	Usuel Residence of Decedent 10a. Stete 10b. County MARYLAND CAL	VERT	10c. City, Town		ation NKIRE	ζ					1	0d. Inside City Limits
	3a or 28a at be not	al Director	10e. Street and Number 10330 DEER TRA	IL COURT	1		10f. Zip C		754		109	g. Citizen of V	Vhet Cour	•
020	ours after death with the Maryla 181", or Henns 23a or 28a-1 abov Examiner must be notified at	by Funeral	11. Marital Stetus 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedent Armed Forcas 1 Yes 2 X If Yas, Give Yaar or Datas:	?	11	Ves Deceder Yes, specify	y Cub	en, Mexican	gin? (Specify , Puarto Rica	Yas or No- n, atc.)		k, Whita,	an Indian, atc. ITE
21215-0020	within 72 hours after lene. • Dan "naturel", or Ne the Medical Examine	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondery (0-12)		5+)	(Give k	O NOT use	done retire	during most			Sb. Kind of Bu		NK-PA.
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	연결화를		19e. Intorment's Neme/Reletionship (1991)				g Address (S E AS			er or Rural Ro	ute Number,	City or Town,	Stete, Zip	Code)
Baltimore,	一工具售		20a. Method of Disposition 1 ☐ Burial 2 ②Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify			y, cram	etory or othi	ar pla				oc. Location -	-	RIA, VA.
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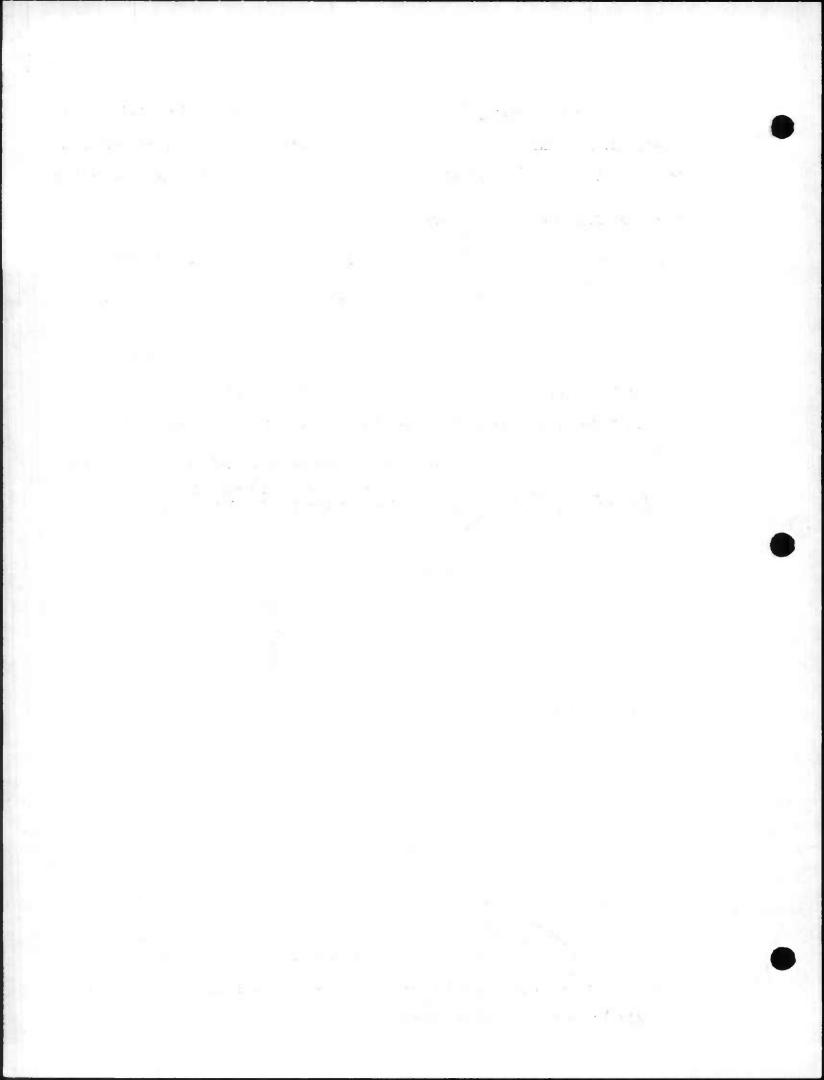
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

15737

	Physic /Medi	cal	Decedent's Name (First, Middle, Last) Catherine J. Hegarty 4a. Facility Name (If not institution, give street and number)		4b. City, Town, or Le	2. Data of Dea Month April	Day	Year 996	3. Time of Death 5:55 PM
	Examii Funeral	ner	3409 Medina Lane 5. Social Sacurity Number 8. Sax 7. Aga (In yrs. last bit	Months Day	Bowie	8. Date of Birth (Month, Day	Prince	e Geo	rge's
	Director		209 26 1565	Yrs.	5 10013 Will.	May 3,	1934	Penn	sylvania Od. Inside City Limits
	the Me 28a-fa	rector	Maryland Prince George's Bowie	10f. Zlp Code)	1	Og. Citizen ot V	What Coun	xiv?
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020	n 72 hours efter death with the Meryland "natural", or Hema 23a or 28a-f ahow solical Experiment must be notified at	by Funeral Director	1 ☐ Never Married 2 ☐ Married 1 ☐ Armed Forces? 1 ☐ Yeas 2 ☐ No II Yas, Giva Year or Dates:	If Yas, specify Cu		Ricen, atc.)		ok, Whita, a	
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212	filed within Hygiena. ther than "	E	Elementery/Secondary (0-12) College (1-4or 5+)	Bookkeeper			Retai	1	
Maryland 2	permit. Pages 1 end 2 should be filed withir Department of Heelth and Mentel Hygiena. Important: If Item 27 Ia marked other than any Injury or other fraumatic event, tha Mance.	To Be C	17. Father's Nama (First, Middle, Last) Vincent M. Crowe	Doonneeper	18. Mother's Name				
ary	shou and N umat	-		o. Mailing Address (Street	-1.	-	r, City or Town,	State, Zip	Code)
	elth elth 27 la		Thomas F. Hegarty Husband 3	3409 Medina	Lane Bow	ie Maryl	Land 20	0715	
Baltimore,	ages 1 ont of He nt: If Item		Tobular 2 Communion 3 Deminoval from State	t Disposition (Name of ry, crematory or other po and Veteral			20c. Location -		
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m	Depa Impo		Reduct & Everage Va		. Evans Fu				
			23a. Part1. Enter the disease, or complications that caused the death. Do shock, or heart teilure. List only one cause on each line.	not enter the mode of d	napolis Rd ying, such as cardiac	 BOW1e or respiratory err 	Md. 20	/15	Approximete Interval Between
60,	Physician permitted be executed by the dilution of the properties	al Examiner	Saquentially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disease or Injury	consequence of):	1 CANCE	R			Onset and Death
Box 68760,		lan/Medical		consequence of):					
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of Vital Records,	ew requir	Completed b	TOON DEFILING ANEMIS			24a. Was a perform		ava cor	are autopsy findings allable prior to mpletion of ceuse death?
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Division	al or Atte s after de il Directo ed in by th	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of Injury - At home, fa building, etc. (Specify)	rm, street, factory, office	9	28f. Location (SI City or Town		er or Rura	l Routa Number,
	To the Hospital or Attending is within 24 hours aftar death. To the Funeral Director: After completely filled in by the funer	edical	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge (Check only one) Medical Examiner: On the basis of examination an immore stated.	, death occurred at the d/or investigation, in my	time, dete and place, opinion, death occurr	and due to the co ed et the time, d	ause(s) and ma ate and place,	inner as st and due to	ated. the cause(s)
	To the comple	M	29b. Signature and title of certifier		6733	2	9d. Date signed	(Month, 1)	Day, Year)
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State of Maryland / Department of Health and Mental Hygiene

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DHMH 16 Rev 6/95

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State of Maryland /	Department of	Health and Mental H	ygiene

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						C	ertif	icate o	f Dea	th		Reg. No	٥.	20	10	10
	Di		1. Decedent's Nema (First, Midd	le, Last)							2. Data of Da Month	_	201	Voor	3. Time of D	eath
	Physic /Medi		Dwayne Merando	Harris							May	8	1	996	2151	
	Exami		4e. Fecility Neme (If not institutio	n, give street end n	u <i>mber)</i>				4b. City	, Town, or I	ocation of Deat	h 40	. County	of Death		
1			The Kent & Que	en Anne's	Hospi	ital In	С.		Ches	sterto	own	K	ent			
	Funeral		5. Social Security Number	6. Sax 1 → M 2 □ F	7. Aga (In	yrs. last birtho		Under 1 Ya		der 24 Hrs.	8. Dete of Bir (Month, De	th Your	1	9. Birthp	iece (State or f	Foreign
н	Director		216-90-6542	1ØM 2□F		34 Yrs	· IVI	onths Dey	rs Hou	irs Min.	Sept.	17,	1961	Mar	yland	
	P .		Usual Residence of Decedent													
	anylar ahow	_	10a. Stete 10b. County	,	10	c. City, Town o	Location	on						11	Od. Inside City	
	e M	cto	Maryland Ken	t		Chester	town	n							XX Yes 2	2 □ No
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	72 hours efter death with the Meryland natural, or items 23a or 28s-f show dreal Examiner must be notified at	Funerai	11. Marital Status	12. Was Dec Armed F		in U,S.	3. Was	Decedent of s, specify C	f Hispanic	Origin? (S	pecify Yas or No o Rican, etc.))-		ce - Amaric		
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Baltimore, Maryland 21215-0020	aral,	d by	3 Widowed 4 Divorced	Year or I									оросту			
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Sal	permit. Peges 1 end 2 should be filed within 72 hours efter death with the Merylan Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28s-f show any injury or other traumatic avent, the Medical Examinet must be notified at once.		21. Signatura of Funeral Sarvio	Monsee		_	22. Na	me and Add	ress of Fe	ecility B	ennie S	mith	Fur	neral	Home	
							>	P.O. 1	Box 1		Easton,					
			23a Part1. Enter tha disease, or shock, or heart teilure. List	complications that	caused tha	death. Do not	enter th	e mode of d	lying, such	es cerdied	or respiretory e	rrest,			Approximete Intervel Betwe	nen
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	es th	þ								-						
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	withi To the	Σ	29b. Signature and title of certifie	. 1	1 1	Land on	Λ	29c. Lica	nsa numb	er	,	29d. De	ate signe	d (Month, I	Day, Year)	
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			30. Name and address of person	who completed cau	se of death	(Item 23a) (Tv	Ne. Print	0		/			/		K	
			Harry Paul						oto-	+0===	MJ 21/	520				
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. t. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN DAY 4:30 AM 1996 May. Elizabeth Virginia Hopkins 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS 1 - M 2 XF Nov.18 1922 217-14-8500 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 11444 Norris Twilley Road Mardela Springs Wicomico toc. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Mardela Springs 1 YES 2 NO Maryland Wicomico FUNERAL 10g. CITIZEN OF WHAT COUNTRY? U.S.A 11444 Norris Twilley Road 21837 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Bleck, White, atc. If yes, specify Cuban, Maxican, Puarlo Rican, etc.)

1
YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 3 12 Domestic None 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Reid Walker Lillian Adkins BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip CodMd . 21837 19a. INFORMANT'S NAME (Type/Print) 2 11444 Norris Twilley Rd.Mardela Springs Cecil Hopkins 20s, METHOD OF DISPOSITION
t X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata Zion Church Cemetery Mardela Springs, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 821 West Rd.Salisbury, Md.

23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or haart failure. List only one cause on each line. West Rd.Salisbury, Md.21801 Approximata interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ~ 2 math Adena Concinum A Lung resulting in death) from Dingrasio CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🕱 NO 🗌 UNCERTAIN 🗆 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural INJURY 5 Pending investigation М 1 YES 2 NO ВҰ 2 Accident 28s. PLACE OF INJURY — At home, term, etreet, factory, office building, atc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER
(Check only one)

One)

MEDICAL EXAMATE. On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D45995 17/1 2 10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Salisbury MO

Suite A. 204

32 AUGUSTER R'S SIGNATURE SALL

560 Riverside Br.

MAY 0 9 1996

DIRECTOR: A hours after d item 28 is

TO THE HOSPITAL D
TO THE FUNERAL DI
Be filed within 72 ho
IMPORTANT: If 1te

111 Penn Street, Baltimore, Maryland 21201

DHMH 16 Rev 6/95

State

Registrar

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32. Registrar's Signatura

Adri Davidson Reveal

31. Date filed (Month, Day, Year) MAY 0 9 1996

AND THE RESERVE THE PARTY AND

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

15742

1. Decedent's Name (First, Middle, Last)									
Physician DANIEL C.		OUSI	EHOLD			2. Date of D Month MAY	Day 12 19	Year 96	Time of Death 2:06 PM
Examiner 4a. Facility Name (If not institution, give streat and number peninsula regional m		cent	or		, Town, or LISBU	Location of Dea			
	Aga (In yrs. last b	irthday)	If Undar 1		dar 24 Hrs		irth Pay, Year) 1,1960	9. Birthplace PENNSY	e (Stata or Foraign
Usual Residance of Decedent 10a. State 10b. County	10c. City, Tov	wn or Loca	tion					104	Inside City I looks
MD WICOMICO		LSBUR							Inside City Limits 1 ☐ Yas 2 ☐ No
10e, Street and Number	DALL	LDDON	10f. Zip Co	ode			10g. Citizen of	What Country?)
451 HASTINGS STREET				1801				SA	
MD WICOMICO 10e. Street and Number 451 HASTINGS STREET 11. Marital Status 1 Nevar Married 2 Married 1 Yes 2		13. W			Origin? (S	pecify Yas or N o Rican, etc.)	lo- 14. Rac	ce - Amarican I	indian,
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15. Decedent's Education		a. Decede	nt's Usual C	Occupation				usiness/indust	rv
15. Decedent's Education (Specify only highast grade completed) Elementary/Secondary (0-12) College (1-4)		(Give ki	nd of work of NOT use	done during i retired)	most of wo	rking	TOD. TURG OF E	03110331110031	i, y
12 College (1-4)		ACHIN	IST				MANUFA	CTURING	3
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CHARLES E. HOUSEHOLDER						REY L.			
							ber, City or Town	, State, Zip Co.	de)
AUDREY L. SNOW 20a. Method of Disposition	20b. Place				SALIS		MD 21801	014 T.	24.44
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from St.	ate cemete	ery, crema	tory or othe	ar place)	1	Data		- City or Town,	
	WICOMI			AL PAF		5/16	SALISBU		
21. Signature of Fuperal Service Licensee	100						OLD OCE		ROAD,
231. Part/. Entar the disease, or complications that ceu	and the death. Do						, MD 218		proximate arval Batween
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Com						1□	Yas 2□No	1 🗆 Ya	as 2 No
25. Was case referred to medical examiner? Law 1				T -	laca of De	th (Check only	one)		
1∆ Yes 2 No 1∆ inp		utpatient Time of	3□ DOA		Nursing H		how injury occur		
1 Natural 5 Pending (Month)	Day Year) For	Injune X		Injury at Work? 1 ☐ Yes	No		ingested n		lrug and
2 □ Accident Investigation 3 □ Sulcide Could not be determined 28e. Place of building.	Injury - At home, fa			ffice			(Street and Numi	ber or Rural Ro	
4 Homicide determined building	etc. (Specify)	tome				Salist	oury Mo	& Prince	St.
29a. Certifler 1 ☐ Certifying Physician: To the be (Check only) 2 ☐ Medical Examiner: On the basi	s of examination ar								
29b. Signatura and titla of cartifier	ute no			icansa numb			29d. Date signe MAY 13		, Year)
30. Nama and address of person who completed cause	of death (Item 23a)	(Type, Pr	Int)						
Dennis J Chutemo	111 Pe	enn	Stre	et, B	alti	more.	Maryla	nd 212	201
Charle	strar's Signature						1		
Registrar MAY 1 6 1996	Studen	randa	4						



BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR	CERT	IFICATE C	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		. /	_	2. DATE OF DEATH		3. TIME OF DEATH
	LORETTA	JOGN	SON		MONTH DAY	YEAR	7505 M
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthe		R IF UNDER 24 HRS.	MAY 4 1996	A BIDTI	1525 M
	. D		MONTHS DAY		(Month, Day, Year)	Count	y)
	210-12-0203	96 "			JULY 25 189		YLAND
	9e. FACILITY NAME (If not institution, give etreet end number)		9b. CITY, TOV	N OR LOCATION OF D	EATH	9c. COUNTY OF D	EATH
5	ANNE ARUNDEL MEDICAL CEN	TER	ANN	APOLIS		ANNE A	DIMDEI
5	RESIDENCE OF DECEDENT	1111	ANIN	AT OLITS		AIVINE A	KUNDEL
분	10e. STATE 10b. COUNTY	10c	CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
DIRECTO	MARYLAND ANNE ARUNDEL		BALTIMOR	F			1 TYES 2 NO
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	VHAT COUNTRY?
2	617 LINNARD ST.			21220		***	
FUNER		T EVER IN U.S. ARMED	12 WAS	21229	NIC ORIGIN? (Specify Yes or	US No. 14 PAC	E — American Indian,
	1 Never Married 2 Married FORCES?	YES 2 NO	I1 yes	, specify Cuben, Maxic	n, Puarto Rican, etc.)	Blac	k, White, etc.
2	3 X Widowed 4 Divorced	MAR OR DATES	1 🗆	YES 2 NO Speci	γ:	Spec	BLACK
ED	15. DECEDENT'S EDUCATION	Late DECEDE	I COOLIN	471041		1	DIACK
_	(Specify only highest grade completed)	(Give kin	NT'S USUAL OCCUP of of work done during OT use retired.)		16b. KIND OF BUSIN	ESS/INDUSTRY	
4	Elementery/Secondary (0-12) College (1-4 or 5	+)	· ·		10775		
COMPL	6th 0	DOM	ESTIC		SOME ONE	ELSE HO	ME
5	17, FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maiden Su	irneme)	
D L	HARVEY ADAMS			MA	RY L. KEYS		
	19e. INFORMANT'S NAME (Type/Print)	19b. MAI	LING ADDRESS (Str	et and Number or Rural	Floute Number, City or Town,	State, Zip Code)	
2	MARY WELLS	13 (COLLEGE (יסקדע יקסס	ACE ANNAPOL	TC MD	214401
	20e. METHOD OF DISPOSITION		ATEOFDISPOSITION	•		TION — City or To	
	XX Buriel 2 ☐ Cremetion 3 ☐ Removal from State	cemetery, crematory	y or other place)		1		
	4 Donation 5 Other (Specify)	ST. MARY			5/9/9@ANNAP	OLIS, M	D
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			DEESE S S	ONS MORTUAR	V D A	
	Lan M Da						,,
	23. PART I. Enter the diseases, or complications the	d payment that death	1821	WEST ST.	ANNAPOLIS,	MD. 2140	
	ehock, Dr heert fellure. List Dnly one ce	uee on each line.	DO HOL either life	mode or dying, su	m ea cerdiac or respira	nory arrest,	Approximete Interval Between
	IMMEDIATE CAUSE (Final	n 0	/	0 - 1	1. 1.		Onset and Death
	disease or condition a.	te Cever	no ves a	lor 100	erden		Doy
		OR AS A CONSEQUEN					
2							
2	Sequentially list conditions, If any, leading to immediate	(OR AS A CONSEQUEN	CE OF):				
ERIFICATION	csuse. Enter UNDERLYING						
<u> </u>	CAUSE (Disease or Injury that Initiated events	OR AS A CONSEQUEN	CE OF):				
=	resulting in deeth) LAST						
	d						
- 1	PART II. Other significant conditions contributing to	deeth but not recult	ting in the under	y i ng cause given ir			. WERE AUTOPSY FINDINGS
DICAL	Previan Cerelio	res culey	Accede	ul	PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	7,700				1 TES 2	NO	OF DEATH?
Z L							1 TES 2 NO
	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEATH	YES NO	UNCERTA	N Q		
Z		26. PLACE OF	DEATH (Check only	one)			
IAN	25. WAS CASE REFERRED TO MEDICAL		OTHER:	Homa 5 🗆 Raaldence	8 Other (Specify)		
SICIAN:	EXAMINER? HOSPITAL:	ER/Outpatiant 3 D	OA 4 I Nursing				
HYSICIAN	EXAMINER? 1 YES 2 NO 1 Inpetient 2 27. MANNER OF DEATH 280. DATE O	F INJURY 286	. TIME OF 28c	INJURY AT	28d. DESCRIBE HOW INJ	URY OCCURED	
PHYSICIAN	EXAMINER? 1		. TIME OF 28c			JURY OCCURED	
ву рну	EXAMINER? 1 YES 2 NO 1 Inpatient 2 27. MANNER OF DEATH 1 Notural 5 Pending 2 Accident Investigation 28e. PLACE	F INJURY 28th Day, Year)	TIME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW INJ		Route Number
BY PHY	EXAMINER? 1 YES 2 NO 1 Inpetient 2 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 2 Accidant 28e. DATE O (Month.) 2 Suicide 2 2 2 PLACE	F INJURY 286	TIME OF 28c.	INJURY AT WORK?			Route Number,
IED BY PHY	EXAMINER? 1 YES 2 NO 1 Inpetient 2 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE building	F INJURY 286 Day, Year) OF INJURY — At home, 10	TIME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW INJ		Route Number,
IED BY PHY	EXAMINER? 1 YES 2 NO 1 Inpetient 2 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of the county of the determined CERTIFIER (Check only)	F INJURY Day, Year) DF INJURY — At home, 14 , stc. (Specify)	o. TIME OF 188c. INJURY M 1	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW INJ 281. LOCATION (Street end City or Yown, State)	d Number or Rural	Route Number,
MPLEIED BY PHY	EXAMINER? 1 YES 2 NO 1 Inpatient 2 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE building	F INJURY Day, Yeer) 28b OF INJURY — At home, 14, stc. (Specify)	D. TIME OF 188c. INJURY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INJURY AT WORK? YES 2 NO office	28d. DESCRIBE HOW INJ 281. LOCATION (Street ene- City or Town, State) to the cause(s) and manner	d Number or Rural	
COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 1 Inpetient 2 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of	F INJURY Day, Yeer) 28b OF INJURY — At home, 14, stc. (Specify)	D. TIME OF 188c. INJURY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INJURY AT WORK? YES 2 NO office date end place, end du nn, death occured at th	281. LOCATION (Street end. City or Town, State) a to the cause(s) end menno time, date end placa, end.	d Number or Rural er se stated, due to the cause(s) and menner as stated.
COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 1 Inpatient 2 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. PLACE building 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of	F INJURY Day, Yeer) OF INJURY — At home, % , stc. (Specify) If my knowledge, death or axamination and/or invest	o. TIME OF NUMBER OF NUMBE	INJURY AT WORK? YES 2 NO office date end place, end du in, death occured at the	281. LOCATION (Street end. City or Town, State) a to the cause(s) end mennio	d Number or Rural er se stated. due to the cause(s) and menner es stated. O (Month, Day, Year)
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BE COMPLEIED BY PHY	EXAMINER? 1 YES 2 NO 1 Inpetient 2 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of Could not be determined 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL	FINJURY Day, Yeer) 28h OF INJURY — At home, 14, stc. (Specify) If my knowledge, death or aximination and/or invest 2. Aduly	o. TIME OF INJURY M 1 erm, street, factory, courred at the time, rigidation, in my opinic	INJURY AT WORK? YES 2 NO office date end place, end du on, death occured at the	281. LOCATION (Street enc. City or Yown, State) a to the cause(a) end menne a time, date end placa, end.	or se stated. due to the cause(s) and menner es stated. 0 (Month, Day, Year) - 4 — 96
BE COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 1 Inpetient 2 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of	FINJURY Day, Yeer) 28b OF INJURY — At home, 16, stc. (Specify) If my knowledge, death or axamination and/or invest	o. TIME OF INJURY M 1 erm, street, factory, courred at the time, rigidation, in my opinic	INJURY AT WORK? YES 2 NO office date end place, end du on, death occured at the	281. LOCATION (Street end. City or Town, State) a to the cause(s) end mennio	or se stated. due to the cause(s) and menner es stated. 0 (Month, Day, Year) - 4 — 96
IO BE COMPLETED BY PHYSICIAN	EXAMINER? 1 YES 2 NO 1 Inpetient 2 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of Could not be determined 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL CALL CALL CALL CALL CALL CALL CAL	FINJURY Day, Yeer) 28b OF INJURY — At home, 16, stc. (Specify) If my knowledge, death or axamination and/or invest	o. TIME OF INJURY M 1 erm, street, factory, courred at the time, rigidation, in my opinic	INJURY AT WORK? YES 2 NO office date end place, end du on, death occured at the	281. LOCATION (Street enc. City or Yown, State) a to the cause(a) end menne a time, date end placa, end.	or se stated. due to the cause(s) and menner es stated. 0 (Month, Day, Year) - 4 — 96

15744

						Cei	rtificate	of	Death			Reg. N	lo.		
	61		1. Decedant's Nama (First, Middle, Las	t)							2. Data of D Month		ay	Year	3. Tima of Deeth
	Physic /Medi		KATIE JONES								MAY	11		196	7:30pm
	Exami		4a. Fecility Nama (If not institution, giva	street and number)			-		4b. City, To	wn, or L	ocation of Dea	th 4		y of Death	
	274		Ft. Washington Ho	ospital					Ft. W	ashi	ngton	F	rinc	e Geo	rge's
	Funeral		5. Social Security Number 6. Sa	x 7. Ag	ge (In yrs. lest i	birthdey)	If Under 1		If Under	24 Hrs.				1	aca (Stata or Foreign
	Director		466-40-1719	□M 2F	90	Yrs.	Months	Days	Hours	Min.	08-27-	ay, rea 05	n	Texa	
	ט		Usual Rasidence of Decedant							-	DO 21			10/100	
	how		10a. Stata 10b. County		10c. City, To	wn or Lo	cation							10	d. Insida City Limits
	Ma F	io	MD Prince Ge	eorge's	Ft. W	ashi	ngton								1 ☐ Yas 2 ☐ No
	# 128	Director	10e. Street and Number				10f. Zip C	oda				10g. C	itizen of	What Count	ry?
	h wil		12003 Bion Drive				207	744	Į.			Uni	ted	States	C
	deat	Funeral	11. Maritel Status	12. Was Decedant	Evar in U,S.	13.				igin? (Sp	ecify Yas or N Rican, atc.)		14. Rac	ce - Amarica	in indian,
250	7.72 hours after death with the Manyland "netural", or items 23s or 28s-f show redicel Examiner must be notified at	by Fu	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yas 2 ☐ If Yas, Giva △ Yaer or Datas:			1 Yas, specin 1 □ Yas 2)	_			Hican, atc.)			ick, Whita, a fy: Blac]	
5	2 hou	8	15. Decedant's Edu	ucation	16	a. Deced	dent's Usual	Occu	pation			16b.	Kind of B	usinass/Indi	ustrv
Maryiand 21215-0020		Completed	(Specify only highast grad	de completed)		(Giva lifa. l	kind of work DO NOT usa	dona retire	during mos	st of work	ing				
7	jene.	E	Elemantery/Secondery (0-12)	Collega (1-4or :	-	Hous	ewife						Troma		
2	事事		17. Fathar's Nama (First, Middla, Last)			IIOUS	CWITE		18. Moth	ar's Nam	a (First, Middle		Home in Sumar		
0	D = D =	To Be	James Unknown Ch	ildress					50	11v	Unknov		الد د دار	1.	
_	2 should b and Mente Is marked aumatic e	1	19a. Informant's Name/Ralationship (T		11	9b. Mailir	no Addrass /	Stree			al Routa Num	-			Code)
	01 60 50		Dotson Burns, Jr.												· ·
5	Peges 1 and 3 ment of Health ant: If item 27 lury or other tr		20a. Mathod of Disposition		20b. Plece	of Dispo	BION Sition (Name	Dr	ive,	t't	Washing Data	ton 20c.	L'ocation	2074	1 ŵn, Stata
2	nt of		1 Buriel 2 □ Cramation 3 □I		Cerna	tary, crer	natory or our	ar pra	ica)	i					
altilliole,	2227		4 ☐ Donation 5 ☐ Other (Specify,		cedar		1 Ceme		~		/21/96	rt.	Wor	th, T	ζ
0	Dependence of the police of th		21. Signatura of Funaral Service Licens	500		22	2. Nama and	Addra	ass of Fecili	y FE	LTON FU	JNER	AL S	ERVICE	ES
	4028W		muleta			P	.O. Bo	X	1351,	Fore	estvil]	le. I	MD 20	0747	
,00	certificate be executed ding physician and se es the burial-transit	al Examiner	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or injury	. Compl	SIS- Due to (or as ETE Dua to (or as ASTAL	DAGE a conse	Bow	el to	out c	bsta er	uctim			5	16/96
200 00100	ding ding	n/Medical	that initiated avants resulting in death) Last	^	Dua to (or es o	conseq	uence of):	21/	vom	A					11916
9	that the death	Physician	Pert II. Other significant conditions co	ntributing to death b	ut not resulting	in the u	ndarh/ing car	eo oi	van In Part	1	23h Dia	1 tobacc	0 1100 00	ntribute to	the cause of death?
)	the ache	hys	Territ. Other argumeant conditions co	intributing to death b	ot not rasulting	in the th	noanying car	isa yi	veni in reni	1.		Yes		3 ☐ Prob	
	es thet igned b										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 105	2LJ NO	3[[100	ably 4 CUnknow
Vital necolus,		ed by									24a. Wa	s an aut	орву	24b. Wei	re eutopsy findings
3	D 00	lete									per	formed?		con	ilabla prior to apletion of cause laeth?
	The law ate hes t page 2 s	Completed											. mt		
5											1L	Yes	2 No	1 🗆	Yas 2□ No
-	Physician: this certific ral director,	Be	25. Wes case refarred to medical axaminar?	Hospitel: 🚜				Oil	har-		h (Check only				
	5 00	2	1 ☐ Yas 21 No	1 A inpatie					4 LI N	ursing Ho	ma 5 Ras)
	After funer	lon	1 Natural 5 ☐ Pending	28a. Deta of Inju (Month, Da	y Year) 280	. Tima of Injury		. Inju			28d. Dascribe	now in	ury occu	rred	
	Attending or death. Sector: Afte by the fund	Certification:	2 Accidant invastigation 3 Suicida 6 Could not be				М		Yes 2	No		10.			
	or At offer of in by	E	4 ☐ Homicida determined	28a. Place of Injusting, at	ury - At homa, c. <i>(Specify)</i>	farm, str	eat, factory, o	offica		1	28f. Location City or To			ber or Rural	Routa Number,
	oral C		00.0.4%	1											
	To the Hospital or Attending Ph Within 24 hours effer death. To the Funeral Director: Affer thi completely filled in by the funeral	edical		sician: To the best of ner: On the basis of	f axamination e										
	the mple	Med	1	and manner ste	etad.		200	loor	ee numba-	a.l		204 D	lote clar	ad (Month F	Day Voorl
	N N N N N N N N N N N N N N N N N N N		290. Signature and title of peritier	1 1				_	se number		ND	290. L	SIGNA	ed (Month, D	ray, redrj
			Markella	1/ What			I) 3	3517	4		(15	476	2
			30. Name end eddrast of person who co	omplated cause of d	laath (Itam 23e) (Type,	Print)							-	
			Felipe A. Rodrigue	ez, M.D.,	11701	Livi	ngstor	ı F	Rd., S	uite	203.	Ft.	Wash	ingto	n MD 207

State Registrar feligible of the william to the second the second

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

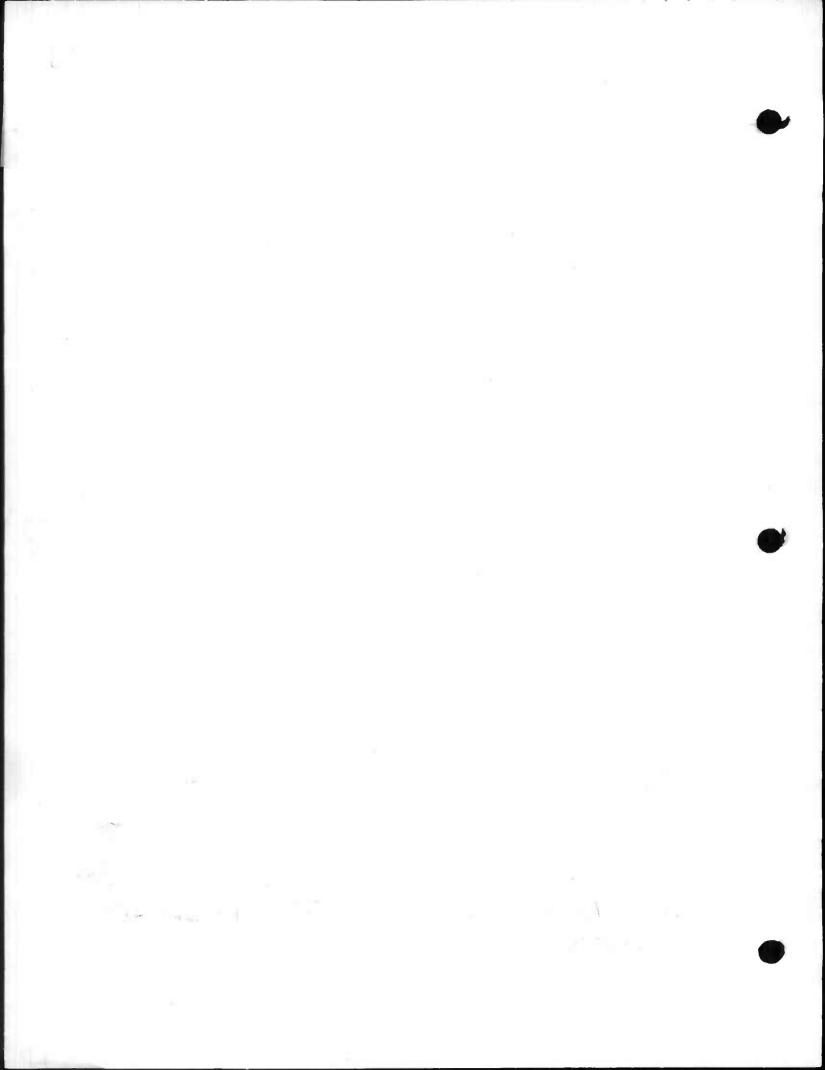
	REGISTRAR	CERTIFIC	CATE O	F DEATH	REG. NO						
	1. OECEDENT'S NAME (First, Middle, Last)	- /			2. DATE OF OEATH		3. TIME OF DEATH				
	DORIS JEFFESS	250W			MONTH D	2 /	996 949 A.M.				
	4. SOCIAL SECURITY NUMBER 3. SEX 5. SEX 6. A 1 □ M 2 ▼ F 68	477 -77	IF UNDER 1 YEAR		7. DATE OF BIRTH 2/1	5/28	8. BIRTHPLACE (State or Foreign Country) Virginia				
TOR	99. FACILITY NAME (If not institution, give street end number) MANOR CARE NS6 6 RESIDENCE OF DECEDENT	/		OR LOCATION OF O	EATH	/ /	NCE GEORGES				
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?				
	Md. Prince Georges	Ter	nple H	ills			1 X YES 2 NO				
FUNERAL	10o. STREET AND NUMBER 3513 Orme Drive			101. ZIP CODE 20748			ZEN OF WHAT COUNTRY?				
N	11. MARITAL STATUS 12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS D		NIC ORIGIN? (Specify Yes		J.S.A. 14. RACE — American Indian,				
B⊀	1 Never Married 2 Merried FORCES? 1 YES, GIVE WAR O		If yes,	specify Cuben, Mexico ES 2 NO Specif	an, Puerto Rican, atc.)		Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor	k done during	TION most of working	16b. KINO OF BU	SINESS/IND	USTRY				
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Crypt		st	Privat	e Ind	lustry				
O	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Melden	Sumamal					
BE C	Richard Byrd				eth Buckne						
2	John R. Jefferson	19b. MAILING AI 3513 Or	oness (Street	., Temple	Route Number, City or Tow Hills, Md	n, State, Zip	^{Code)} 1748				
		20b. PLACE AND DATE OF cemetery, crematory or other	r place)		35/91		City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Forest Law		AND ADDRESS OF FA	CILITY	chmon	d. Va.				
	1 W.9, Chat	en	380	Phodo Tol			eral Home				
	23. PART i. Enter the diseases, or complications that cau shock, or heart failure. List only one couse of	sed the death. Do not	antar tha n	noda of dying, auc	h es cerdiac or respi	ratory am	eat, Approximate				
			D				Interval Between Onset and Death				
	disease or condition resulting in death)	noma of	tane	reas	las. the	m	Sever I year				
- 1	DUE TO (OR A	AS A CONSEQUENCE OF):	,		1						
ON	Sequentially list conditions,	nona of sa a consequence of: shory ar as a consequence of:	nd 5	pural	Cond Con	pries	sion				
CERTIFICATION	cause. Enter UNDERLYING	S A CONSEQUENCE OF):		1		£					
필	CAUSE (Disease or Injury that initiated events DUE TO (OR A	AS A CONSEQUENCE OF):									
토	resulting in death) LAST						ļ				
- 1	PART II. Other significant conditions contributing to deat	h but not regulting in	the readedle		Bank I as aware		1.1				
DICAL	The second secon	ii but not resulting iii	the underly	ing cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE				
					1 [] YES 2	NO	OF DEATH?				
: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES	ПМО	UNCERTAIL			1 YES 2 NO				
N N	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH			4 L]						
Sic	EXAMINER?. 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/C	Outpatient 3 DOA 4	THER:	ome 5 🗆 Residence	e C Other (Foresky)						
PHYSICIAN:	27. MANNER OF OEATH 28e. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME C	OF 28c. II	NJURY AT	28d. DESCRIBE HOW II	NJURY OCC	CURED				
87	1 Natural 5 Pending (Month, Day, Yea	INJUR		VORK? YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	JRY — At home, farm, stre Specify)	et, factory, of	Hice	281. LOCATION (Street e City or Town, State)	nd Number	or Rural Route Number,				
٦	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kr	nowledge, death occurred a	et the time de	te and place, and due	to the sounds) and		L .				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner se stated.										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN	ABER TOT	29d. DATE	SIGNED (Month, Day, Year)				
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MOBARAK KARIM, 7610 CARROLL ANENUE, TAROMA PARK, MARYLAND 20912										
	MOBARAK KARIM, 7610 CAR 31. DATE FILED (Month, Day, Year)	1LAMD 20912									
	MAY 06 1996	or hardell									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an offer found and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

			•				tificate				Reg. No.	10	15/46	
Physic	an	Decedant's Nan	na (First, Middle,	Last)						2. Data of De Month	Day	Year		
/Medi		GLORIA J	EAN JONE	ES						APRIL	25, 199	6	10:41 AM	
Examin		4a. Facility Name	(If not institution,)	give street and nur	nber)			1	4b. City, Town, or	Location of Deat	h 4c. Coun	ty of Death		
		Nationa	al Insti	tute of H	lealth				Betheso	la	Montgomery			
Funeral		5. Social Sacurity	Number 6		7. Age (In yrs. las	t birthday)	If Under 1 Months	Year Days	If Under 24 Hrs Hours Min		th V Veer)	9. Birth	place (Stata or Foreign	
Director		002-26-4 Usual Rasidance		1□ M 20 F	61	Yrs.	WOTETS	Days	Tiodis Will	Feb.27				
/land		10a. Stata	10b. County		10c. City, 7	Town or Lo	cation						10d. insida City Limits	
the Merylan r 28a-f show noutled at	to	Va.	Prince	William	Mar	nassa	S						XXYes 2□No	
th 82 m	Director	10e. Street and Nu	ımber				10f. Zip C	oda			10g. Citizan of	What Cou	ntry?	
ith with 23a or	rai Di	8137	Bethlehe	em Road					110					
72 hours after death with the Maryland netural', or theme 23e or 26e-f show yies! Examiner must be incuffed at	by Funeral	11. Marital Status 1 ☐ Never Mar 3 ☐ Widowed	ried 2 📉 Married		a		13. Was Decedent of Hispanic Origin? (Specify Yas or No- If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 1 ☐ Yas 2 ☐ No Specify:						14. Race - American Indian, Black, White, etc. Specify: Black	
d within 72 hours af giana. or than "natural", or or Modical Exami	Completed	(Spe	15. Decedant's cify only highast pondary (0-12)	Education grada complated) College (1	-40r 5+)	16a. Dece (Giva lifa.	dant's Usual kind of work DO NOT usa	Occup dona ratire	eation during most of wo d)	rking	16b. Kind of	Businass/In	dustry	
d with	E	12	oridary (0-12)	4	401 347	(uidan	ce	Counsler		Priva	ate So	choo1	
be filed tal Hygie d other event, tr	Bec	17. Father'a Name	(First, Middla, La	st)					18. Mothar's Na	me (First, Middla	, Maiden Surna	ma)		
D 2 0 0	To E	Commo	odore N.	Bennett					Burnley	Muriel	Ac. County of Death Montgomery Ac. County of Death Montgomery Ac. County of Death Montgomery B. Birthplace (Stata or Foreig Country) Virginia 10d. Insida City Limits Ac. County? Virginia 10d. Insida City Limits Ac. County? U.S.A. 14. Race - American Indian, Black, White, etc. Specify: Black 16b. Kind of Businass/Industry Private School Maiden Sumama) Washington In, City or Town, Stata, Zip Code) Virginia 20c. Location - City or Town, Stata Manassas, Va. Funeral Home shington, D. C., 20001 rast, Approximata intarval Between Onsat and Death I.O. I.D. A. YS 20 Years 20 Years Approximata intarval Between Onsat and Death I.O. I.D. A. YS 20 Years Approximata intarval Between Onsat and Death I.O. I.D. A. YS 20 Years Approximata intarval Between Onsat and Death I.O. I.D. A. YS 20 Years Approximata intarval Between Onsat and Death I.O. I.D. A. YS Approximata intarval Between Onsat and Death I.O. I.D. A. YS Approximate of Causa of death I.O. I.D. A. YS I.D. A. T. A			
2 should and Management of the management of the		19a. Informant's N	and Number or R	ural Routa Numb	er, City or Tow	n, Stata, Zip	o Code)							
nd 2 should be file alth and Mental Hy 27 Is marked other r traumatic event.		Antoine	Douglas			8137	Reth	leh	em Rd	Manaccae	Vira	into		
s 1 and 2 should if Haalth and Mer Item 27 Is marks other traumatic		20a. Mathod of Dis	sposition		20b. Piac		sition (Nama			Date			own, Stata	
Pagas nant of int: If It			☐ Cramation 3 5 ☐ Other (Spe	☐Ramoval from \$ cify)	Stata				n Mem.Gat	5-4-96	Manass	as, V	a.	
permit. Pagas 1 ar Department of Haa important: If Nem 2 any Injury or other		21. Signature of F	21. Signature of Fuperal Service Licenses 22. Name and Address of Facility Frazier's Funeral Home 389 Rhode Island Av., NW, Washington, D.C., 20001											
		Data Posts Enter	1	111								on,D.		
Physician		shock, or had	art failura. List on	opplications that cold one cause on a	ach lina.	Do not ent	er the mode	or ayır	ng, such as cardia	c or raspiratory a	irrast,		intarval Between Onsat and Death	
/Medical		Immadiata Cause disaasa or condition	(Final	Ac	LE Re	5010	char		DISTRIS			i	10:Days	
Examiner		Immadlata Cause (Final disease or condition resulting in death) Dua to (or as a consequence of): Non Hodshins Lynghom: 20 Ye										1.0.1.1.75		
₽ #	iner			N	n Hoo	Ichin		Ly	nphom	•		•	20 Years	
icata be axecuted physician and s tha burial-transit	Examiner	Sequantially list co	onditions,	D. ————	Due to (or a		1					İ		
ficata be axect physician and is the burial-tra	Û I	Sequantially list conditions, if any, leading to immediate cause. Intal Underlying Cause (Disaasa or Injury that initiated events Due to (or as a consequence of):												
g physic as tha b	edicai	that initiated events resulting in death) Last Due to (or as a consequence of):												
± 0 €			· ·	d								1		
death cert a attendin od for usa	Physician/N											1		
d by the defetached	ysic	Part il. Other signi	ffcant conditione	contributing to de	ath but not rasulting	ng in tha u	ndarlying cau	ısa giv	an in Part i.	23b. Dfd	tobacco use c	ontribute t	o the cause of death?	
that the ned by a detact	y Ph									10	Yes 2□ No	3 Pro	bably 4 Unknow	
sicient: The law requires that the death cer cartificate has been signed by the attendir rector, page 2 should be detached for usa	Completed by									24a. Was	an autopsy ormed?	av	valiabla prior to ompletion of causa	
Tha law ate has b	Ĕ										/ all			
ficate T		DE Mas coop sale	read to modical							144	00121111111111	11	☑ Tas 2∐ No	
nysician: Tha law ils cartificate has b i director, page 2 s	Be c	25. Was casa rafa axaminer?		Hospital:				Oth	ar.	ath (Check only				
this aid	on: To	1 ☐ Yas 2 ☐ 27. Mannar of Dea 1 ☐ Natural	<u>.</u>	1 (3)	·	VOutpatier 3b. Tima of Injury	28	c. Injur Wor	y at k?	Т-			(y)	
f or Attending I after death. Director: After d in by the fune	cati	2 Accidant	Invastigat				М	1 🗆	Yas 2 No					
s aftar d Il Direct	Certification:	3 ☐ Sulcida 4 ☐ Hömloida 6 ☐ Could not be datarmined 28a. Place of fnjury - At homa, farm, streat, fa bullding, atc. (Specify)					eat, factory,	ctory, office 28f. Location (Streat and Number or Rural Routa Number, City or Town, State)					al Routa Number,	
To the Mospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi complately filled in by the funeral	edicai	29a. Certifiar (Check only one)	1☑ Certifying I 2☐ Medical Ex	Physician: To the saminer: On the be	sis of axamination	dga, daath and/or in	occurred at rastigation, li	tha tir n my o	ma, data and place pinion, daath occ	e, and dua to tha urred at tha time,	causa(s) and r data and place	nannar as s , and dua t	stated. o tha cause(s)	
o the	Me	29b. Signatura and	Ltitla of certifiar				29c.	Licans	a number		29d. Date sign	ed (Month,	Day, Year)	
F 3 F 8		Panela m Klein, M.D CALIF G-077710 4/2/196									6.1			
(10)		- V	mela	1/10	ven 1	11:		ICI	r 0-0	1//10	4	14619	16	
(10)		30. Nama and add			a of daath (Itam 23									
				IN, M.D.	A. 18-:		ROCKV	ILI	E PIKE,	BETHESD	A, MARY	LAND	20892	
Sta Registr		31. Date filed (Mor	0 6 199	6 July	orstrar's Signatur	while								

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

15747

						Ce	rtificate	of	Death		Reg. I	No.		
	Physic /Medi		1. Decedent'e Name (First, Midd		JA	No			2. Dete of Month				3. Time of Death	
	Exami		4a. Fecility Neme (If not institution Holy Cross	m <i>ber)</i>	4b. City, Town, or Lo Takoma									
	Funeral Director		5. Sociel Security Number 578–16–7783	6. Sex 1 M 2 □ F	7. Age (In yrs. lest birthdey) 83 Yrs. If Under 1 Yeer If Under 24 Hrs Months Deys Hours Min.					Min. (Month,				
	the Meryland 28a-f show nodfled at	tor	Usuei Residence of Decedent 10e. Stete 10b. Count			ity, Town or Lo		. С			5		100	d. inside City Limits
	th with the 23a or 28a set be not	al Director	10e. Street end Number 200 Rhode Is	sland Av.,		Washington, D.C. 101. Zip Code 20002					10g. Citizen of Whet Country?			
020	within 72 hours after deeth with the Menyand ilene. Than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 □ Me 3 ☑ Widowed 4 □ Divorce	Armed Fo	12. Wes Decadent Ever In U Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		U,S. 13. Was Decedent of Hispenic Origin? (S If Yes, specify Cuben, Mexican, Puerto 1 ☐ Yes 2 ☒ No Specify:			? (Specify Yes or uerto Rican, etc.)	pecify Yes or No- o Rican, etc.) 14. Raca - Ar Bieck, W Specify: I			c.
Baltlmore, Maryland 21215-0020	within ene. than	Completed	15. Decede (Specify only highe Elementery/Secondery (0-12)	nt's Education est grade completed) College (**	I-4or 5+)	16e. Deced (Give life.	etion during most of d) e r	working	16b. Kind of Business/Industry U.S. Government					
	be filed tal Hyg d other event,	To Be C	17. Fether's Neme (First, Middle						Neme (First, Midd patra Sm		len Surner	ne)		
	2 short		19e. informent's Neme/Reletion	ship (Type, Print)		19b. Meilir	ng Address	Street	end Number o	r Rural Route Nur	n <i>ber, Cit</i>	y or Town	, Stete, Zip C	ode)
	1 and Heelth em 27 other tr		Eveline Davis Sister-in-Law 200 Rhode Island Av., NE, Washington, D. 20a. Method of Disposition 1 Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, cremetory or other place) Maryland National Cem. 5/7/96 Laurel, N									- City or Town	20002 n, Stete	
Baltlı	permit. Pages Department of Important: If it eny Injury or once.		21. Signeture of Funerei Service		fer.	22	2. Neme end	Addre	ss of Fecility	5/7/96 Frazier' Av.,NW,	s Fu	nera	1 Home	
Physici	Physician		23a. Pert1. Enter the disease, o shock, or heart feilure. Lis	r comparations (Net of only use couse on e	avsed the dee ach line.								A	Approximete ntervei Between Onset end Deeth
	/Medical Examiner	76	Immediete Cause (Finel disease or condition resulting in deeth)	e. G	Due to (or es e consec	quence of):	6u	R	elebe			 	3/46
	cuted nd ransit	Examiner	Sequentielly list conditions.	D	Due to (or es e conseq	quenca of):	hr.	, .	ettets				8/16
60,	icate be executed physician and s the bunal-transit		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	G LT	Van		euis						į	124
ox 68760,	ding ding	n/Medical	thet initieted events resulting in deeth) Lest	<u>ا ل</u>	Due to (or as e consequence of): Lega Le								(cq c	
P.O. Bo	death e ette	Physician		ons contributing to de	eath but not res	at not resulting in the underlying cause given in Pert I.						co uea co 2 No	ontributa to ti	he cause of death
Division of Vital Records,	The law requires that the site hes been signed by the page 2 should be deteched.	þ	(40								es an eu		evaile	e eutopsy findings ebie prior to pletion of cause
Re	The law ate hes page 2	Completed								10	□Yes	2. No	of de	
/ita	Physicien: The this certificate ral director, par	Be	25. Wes case referred to medica examiner?							Deeth (Check on				
5	5 00	2	1 □ Yes 200 No			ER/Outpatien			4 LI Nursi	ng Home 5□Re	sidence	6 □Oth	ner (Specify)	
slon	nding eth. r: After ne fune	Certification:	27. Manner of Deeth 17. Neturei 5 Pendii 2 Accident invest 3 Suicide 6 Could	ng (Mont gation &	(Month, Day Year) Injury Work? ★/ □ M 1 Yes 2★ No				28d. Describ					
N N	Ital or Attend irs efter deetr al Director: /		4 ☐ Homicide determ	nined Zoe. Plece	Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)					City or	28f. Location (Street and Number or Rural Route Number, City or Town, State)			
	To the Hospital or Atte within 24 hours efter de To the Funeral Directo completely filled in by th	edical	29e. Certifier (Check only one) Certifying 2 Medical	ng Physician: To the Examiner: On the be end meni	best of my kno asis of examine ner steted.	owledge, death stion end/or inv	occurred at vestigetion, i	the tin	ne, dete end p pinlon, deeth o	iece, end due to the occurred at the time	ne cause e, date e	(s) end me and plece,	enner es stat and due to th	ed. ne cause(s)
	To the complete of the complet	W	29b. Signeture end title of certifie	3			29c.	D	e number	· }	29d. [-	od (Month, De	
	(10)		30. Name and eddress of person	who completed caus		m 23a) (Type,	Print) Celesi	u	epa	silvers,	مارس	To A	u de re)413

DHMH 16 Rev 6/95

State Registrar

31. Dete filed (Month, Day, Year)
MAY 0 9 1996

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours alter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

J. BERGER MD
31. DATE FILED (Month, Day, Year)
MAY 0 9 1996

	FOR 8/6/9 1 - STATE REGISTRAR I tem: 19b, p	6 STATE OF MARY Per F.H. G-738	LAND / DEPA	RTMENT	OF HI	EALTH AND DEATH	MENTA	L HYGIEN		96	15748			
	1. DECEDENT'S NAME (First, Middle, Lest)			JIMI			2. DATE	OF DEATH	W 1	EAR C	TIME OF DEATH			
	CHRISTOPHER 4. SOCIAL SECURITY NUMBER	DAVOR	E (In yrs. last birthda)		-	IF UNDER 24 HRS,	MAY	OF BIRTH		BIETHEL	CE (State or Foreign			
	213-37-0482	1 🔀 M 2 🗆 F	3 YRS.	MONTHS	DAYS	HOURS MIN.	(Monti	22-92	2 W	WashingtonDC				
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH								9c. COUNT	Y OF OEAT	H /			
DIRECTOR	Laurel Regional Hospital Laurel									PRINCE GEORGE				
EC	10e, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION									104	d. INSIDE CITY			
	MD Prince George's Mitchellville										YES 2 NO			
FUNERAL	100. STREET AND NUMBER 9604 Bald I	Hill Post			101.	ZIP CODE	2.1		10g. CITIZE	10g. CITIZEN OF WHAT COUNTRY?				
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	11 Road 20721 WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specific Reports)						or No- 14	A. RACE -	SA American Indian,			
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE IF YES, GIVE WAR OR				cify Cuban, Mexic	en, Puerto		Specify: Black					
E	(Specify only highest grade completed) (Give kind of work done during most of working									BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) N/A	College (1-4 or 5+)	College (1-4 or 5+) life. Do NOT use retired.)						AT / A	N/A				
OM	17. FATHER'S NAME (First, Middle, Last)			_	N/ E	ts. MOTHER'S N	AME (First,	Middle, Maiden						
BE C									Catrice Jimason					
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To													
-	Tasha Jimason		0b. PLACE AND DAT				d, M		11vil	-	MD 20721			
	1 XBurlei 2 Cremation 3 Removal from State Cemetery, cremetory or other piece) Cemetery, cremetory or other piece) Harmony Memorial Park 5/11 Landover, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J. B. Jenkins Funeral Home 7474 Landover Rd., Landover, Cemetery, cremetory or other piece) Landover, Cemetery, cremetory or other piece) Harmony Memorial Park 5/11 Landover, La													
	shock, or heert fallure. IMMEDIATE CAUSE (Finsi disease or condition	complications that caused the death. Do not enter the mo List only one cause on sech line.				le of dylng, su	ch ss cen	disc or respi	Iratory srres	st,	Approximate Intervel Between Onset and Death			
	resulting in deeth)	DUE TO (OR AS A CONSEQUENCE OF):							noue 2					
RTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST													
PHYSICIAN: MEDICAL CEI	d.													
W.	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH	YES 🗆	NO 🗶	UNCERTA	IN 🗆			1 "	YES 2 NO			
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF O	OTHE										
YSI	1 YES 2 NO	t Inpatient 2 KER/O		4 🗆 Nu	rsing Home	5 🗆 Raeldence								
ВУ РН	27. MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJUR (Month, Day, Year	ME OF NJURY M	RY WORK?			ESCRIBE HOW INJURY OCCURED							
ED								LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	29e. CERTIFIER (Check only One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, and due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated.													
BE		296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) D Z. 5 9 2. 5 WWW 3, 1996												
2	I 30 NAME AND THE PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) /5	me Printl										

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the state

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	MONTH DAY YEAR													3. TIME OF DEATH	
		EL V.	JONES							MAY 4 1956 11:55				11:55 P w	
	4. SOCIAL SECURITY NUMB	ER	5. SEX		. last birthday)			IF UNDER	T	7. DA1	TE OF BIRTH	d	8. BIRTI	HPLACE (State or Foreign	
	213-42-0198		1 M 2 F		84 yas.	MONTHS	DAYS	HOURS	MIN.		J. 1,			RYLAND	
_	9a. FACILITY NAME (If not in:	stitution, give st	reet and number)			9b, CITY	, TOWN	OR LOCATI	ON OF D	EATH		9c. CO	UNTY OF I	DEATH	
6	5 10835 CATHELL ROAD BERLIN WO									ORCESTER					
<u> </u>	RESIDENCE OF DEC	10c, CI	TY, TOWN (OR LOCA	TION						10d. INSIDE CITY				
DIRECTOR	MARYLAND WORCESTER BERLI												LIMITS?		
	100. STREET AND NUMBER 101. ZIP CODE											1 YES 2 K NO			
FUNERAL	10835 CATHE	LL ROA		21811											
5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S	ARMED	ARMED 13. WAS DECENDENT OF HISPAN					GIN? (Specify	Yea or No-	E — American Indian,		
ВУ Е	1 Never Married 2 3 X Widowed 4 Divo		FORCES? 1					ecify Cuba 2 X NO						k, White, etc.	
														WHITE	
COMPLETED	(Specify only	highest grade	completed)		(Give kind of life, Do NOT of	work done			ng	1	6b. KIND OF	BUSINESS/II	NDUSTRY		
P.E.	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)			'R				OWN	HOME			
O	17. FATHER'S NAME (First, Mi	iddle, Last)			11011	HOMEMAKER 18. MOTHER'S NAS									
BE C	HARRY HUDSO	N										our carraine,		- 1	
	HARRY HUDSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
5	PEGGY J. BISHOP P.O. BOX 42, SHOWELL, MARYLAND 21862														
	20s. METHOD OF DISPOSITION 1 V Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State														
	4 Donation 5 Other	(Specify)		BISI	HOPVIL	LE CI	EMET	ERY		5/8	8/96	BISHOE	VILL	E, MARYLAND	
	21. SIGNATURE OF TUNERAL	SERVICE LIC	ENTIEE	/		22.	NAME A	ND ADDRE	SS OF FA	CILITY					
	Charles	ly W	Hust			HA	STI	NGS I	FUNE	RAL	HOME,	SELB	YVILI	LE, DELAWARE	
	23. PART I. Enter the dis	sesses, or c	omplications that	t saused the	death. Do	not enter	the mo	de of dy	Ing, suc	h aa ci	ardlec or n	apiratory a	rrest,	Approximata	
	IMMEDIATE CAUSE (Fin		.iet only one set	ise on each	iins.									Onset and Death	
	disease or condition resulting in death) a Collecpuluerian are														
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (on as a consequence of): Due to (on as a consequence of): Due to (on as a consequence of): Due to (on as a consequence of):														
ON	Sequentially list conditions, Due to (or as a consequence op): Due to (or as a consequence op):														
TĂ.	cause. Enter UNDERLYING														
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FF	resulting in death) LAST														
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ВУ		Pending rivestigation	(Month, D	ay, rour)		JURY M		RK? res 2 [] NO						
	3 Suicide 8 0	Could not be	28a. PLACE O building,	F INJURY — A	t home, term,	street, fact	ory, offic			281. LC	DCATION (Str ty or Town, S	set and Numb	er or Rural F	Route Number,	
COMPLETED	4 Homicide d	letermined									.,, .				
IPL															
Š	CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.														
299-9 GNATURE AND TITLE OF CRITIFIER 29d. DATE SIGNED (A										(Month, Day, Year)					
TO B	Walt	Tur	such	4	Th	W		V.	3/8	58) 3	171	90	
	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (6.	- 5	:10	111	21 1	1:11	1	MD 21801	
	31. DATE FILED (Month, Day,)	ber)	32 REGISTRA	R'S SIGNATUR	E	4500	RNA	Ju	146	TLL	0	4/130	nry,	וטסודם עיוו	
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BALLIMORE, MARYLAND 21215-0020	ficate be executed within mours after death. Page 6 may be retained by the hospital or attending phys	
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		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND I	MENTAL HYGIEI					
		1. DECEDENT'S NAME (First, Middle, Last)	Kor	sunst	<u>-</u> 4		DAY YEA				
pin		4. SOCIAL SECURITY NUMBER 212-03-7461	1 📈 XM 2 □ F	82 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb 13	1914 M	RTHPLACE (State or Foreign unity) laryland			
1, 2, 3 should	CTOR	90. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEMENT										
-0020 ling physician. the burial-transit permit. Pages	L DIRECTOR	MD Anne	e Arundel		nnapoli	is,			10d. INSIDE CITY LIMITS? KIX YES 2 □ NO			
cian. Fransit per	FUNERAL	169 King George	12. WAS DECEDENT EVER IN	V U.S. ARMED		ZIP CODE 2140	1 NIC ORIGIN? (Specify Ye	d States ACE — American Indian.				
215-0020 attending physician. se as the burial-tran	B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 NO ATES	If yes, spe		n, Puerlo Rican, atc.)	Black, Whita, etc. Specify: White				
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	COMPLETED	15. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work We. Do NOT use re	done during mos tired.)	N t of working		ID OF BUSINESS/INDUSTRY				
RYLAND 2- ed by the hospital o uld be detached for ed at once.	E COMF	17. FATHER'S NAME (First, Middle, Lest) Joseph Korsunsk	CV	Retaile	r		ME (First, Middle, Meide		72-37 - 38			
MAR e retained e 5 should notified	TO BE	190. INFORMANT'S NAME (Type/Print) Francis J. Kelle		Bella Pushkin 19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nephew								
FORE ector, pa		20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	moval from State	PLACE AND DATE OF D	isposition(Nar	ory 5/1	DATE 20c. LO	centwood	Maryland			
0 = 0		trald &	1 Lyter		147 Du	ike Of G	loucester	St. Ann	Funeral Home apolis, MD			
tely filled in mation, or re		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But To (OR AS A CONSEQUENCE OF):										
o.O. BOX 6870 certificate be executed nding physician and com Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a hypert due to for as a						years			
RECORDS v requires that the d been signed by the t. of Health and Me shows any injur	MEDICAL	PART II. Other significant conditions diabetes atrial f	mellitus			ceusa givan in		RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
VIT/ IAN: The rifficate re State or item	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	NOSPITAL: 1 Inpatient 2 ER/Outp	atlent 3 DOA 4	THER: Nursing Home		8 Other (Specify)					
O SH SH SH	À	1 Netural 5 Pending 2 Accident Investigation	28a. PLACE OF INJURY	28b. TIME OF INJURY	M 1 Y	ES 2 NO	28d. DESCRIBE HOW 28f. LOCATION (Street					
OR ATTEN OR ATTEN OURS after	LETED	4 Homicide determined	building, atc. (Spec	offy)		and place and due	City or Town, State)				
TO THE HOSPITAL TO THE FUNEFAL (be filed within 72 h IMPORTANT: If II	COMPLET		NER: On the beele of examination				time, date and place, e	nd due to the cau	se(e) end manner as stated. NED (Month, Day, Year)			
THE TO THE be filed	TO BE	30. NAME AND ADDRESS OF PERSON W	m arch	ATH (ITEM 27) (Type, Prin	10)	045	297	> 5-	9-96			
		Elaine A 31. DATE FILED (Month, Dey, Year)	Arata M 32. REGISTRAR'S SIGN	ATURE	Ridge	ly Av	e Suite	131 /	MD 2 144			
		MAY 1 0 1996	Julia David	son-Andelle	. 22.			10	- 2170			

Pages 1, 2, 3 should permit. director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. notified at Pe must examiner filled in by the funeral hours after death. medical the and completely fi o burial, cremation traumatic event, prior to the attending physician Mental Hygiene prior to other t 0 any injury, signed by the

once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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The certificate h

L DIRECTOR: After this certificate 2 hours after death with the State

FUNERAL I HOSPITAL

TO THE HOSPIT TO THE FUNERA DE filed within 7

1 - STATE REGISTRAR 10a. STATE MD.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SETH 31 IRELAND u MAY PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) 219 21 9267 DAYS HOURS 1 🔀 M 2 🗌 F 24 Feb Washington 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 720 RITCHIE AVE. 20910 U.S.A. 12. WAS DECEDENT EVER IN U.S. MAMEO FORCES? 1 YES 2 YND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FDRCES? 1 YES 2
IF YES, GIVE WAR DR DATES 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) CLERK DEPT. OF TRANSPORTATION 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CHRISTOPHER E. KRUSA LORRAINE IRELAND BE 190. INFORMANT'S NAME (Type/Print)
CHRISTOPHER KRUSA 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SAME AS 10e 20s. METHOD OF DISPOSITION
1 □ Burlal 2 🗠 Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE 4 Donation 5 Other (Specify) METROPOLITAN CREMATORY MAY18 1996 Alexandria 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
TAKOMA FUNERAL HOME INC 254 CARROLL ST N.W. WASHINGTON, D.C. 20012 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Hanging reaulting in deeth) DUE TO (DR AS A CONSEDUENCE DF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 6 \(\text{Other} \) (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Hangins 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office 3 Sulcide 281, LOCATION (Street July 1 and Number or Rural Route Number COMPLETED 8 Could not be determined 4 Homicide Home IZO AVE 55 29a. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yber) BE Leas D085 new 96 N 8 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S 9 8218 Wis Coms IN Be Soed A UR 31. DATE FILED (Month, Day,

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

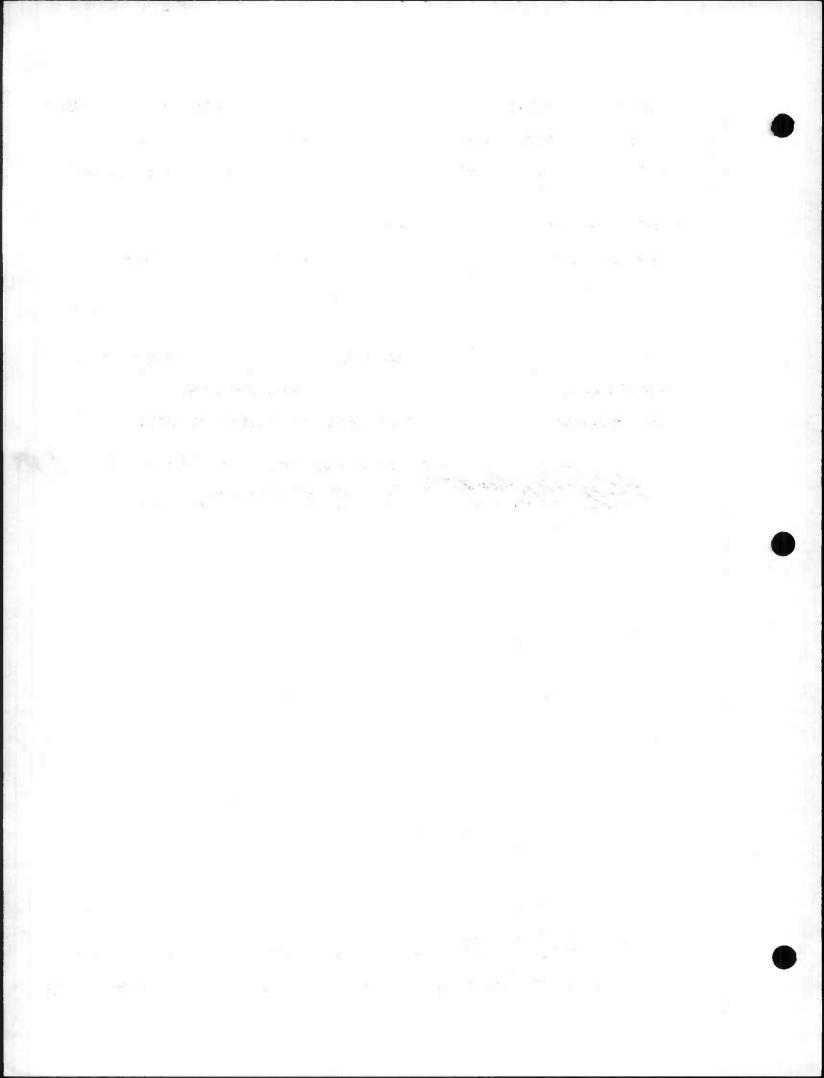
State of Maryland / Department of Health and Mental Hygiene

of Health and Mental Hygiene 96 15752

					Cei	rtificate of	f Death		Reg. No.	70	10/02
			1. Decedent's Nama (First, Middle, Las	t)				2. Deta of Dea	ath		3. Time of Death
	Physici		Irene Pa	mela Krue	001			Month 5	1996	Year	7:00 P.M.
	/Medi Examir		4e. Facility Nama (If not institution, giva		ger		4b. City, Town, or L	May 5 ocation of Deeth		of Death	7:00 P.M.
A.	CAAIIII	ici	12908 Cheswood La				Bowie		Prince		man! n
	Funeral		5. Sociei Security Number 6. Sa		yrs. last birthday)	If Under 1 Yaa		8. Deta of Birt	h		
0	Director			M 2₩₹	4 Yrs.	Months Days	s Hours Min.	(Month, Da) Feb. 4	y, Year)		elece (Steta or Foreign
			Usual Rasidance of Decedant		4			reb. 4	, 1932	rem	sylvania
	ylan		10a. State 10b. County	100	c. City, Town or Lo	cation				1	0d. insida City Limits
	M T	to	Maryland Prince (George's	Bowie						X Yas 2□ No
	r 284	Director	10e. Street end Number			10f. Zip Coda			10g. Citizan of W	Vhat Cour	nfry?
	3a o		12908 Cheswood Lar	10		207	715		United	Stat	.05
	death	Funeral	11. Maritel Status	12. Wes Decedent Ever Armed Forces?	in U,S. 13. \		Hispanic Origin? (Sp ban, Mexican, Puarto	ecify Yas or No		e - Americ	an indian,
0	offer in the	Ē	1 ☐ Never Married 2 ☐ Married				Rican, afc.)		k, Whita,		
21215-0020	urs e	b	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yaar or Datas: Ko	rean	1□ Yas 2□ No	o Specify:		Specify	: Whi	Lte
9	2 ho	Completed	15. Decedent's Edu	ucation	16a. Deced	lant's Usual Occi	upation		16b. Kind of Bu	siness/Inc	dustry
2	hin 7	ple	(Specify only highast grad	Collega (1-4or 5+)	life. L	DO NOT usa retir	a during most of work red)	ang			
7	d will	PO	, , , ,	j+	Regis	stered	Nurse		Health	ı Car	e
b	office of the very	Be C	17. Fethar's Nama (First, Middla, Last)				18. Mothar's Nam	a (First, Middla,	Maidan Sumam	a)	
<u>a</u>	Aenta Aenta rked tic s	To	Thomas Zapotsky				Justyn	a Lazar			
Maryland	sho and h		19e. fnforment's Name/Ralationship (T	ype, Print)	19b. Mailir	ng Addrass (Stree	at and Number or Rui	ral Routa Numbe	er, City or Town,	Stata, Zip	Code)
	permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic svent, the Medical Examiner mail be motified at once.		Karl B. Krueger	Son	712	Quiet Po	ond Court	Odento	n Maryla	and	21113
ore	of He		20a. Mathod of Disposition	26	ob. Placa of Dispo	sition (Nama of natory or other pl	(ace)	Data	20c. Location -	City or To	wn, Stete
Ĕ	Page ent mr: If		1 Burial 2 Cramation 3 F 4 Donetion 5 Other (Specify)		Metropo1		1	/8/96	Alex	candr	ia Virgini
altimore,	artm ortai		21. Signetura of Funaral Service Licens		22	. Nama end Add	rass of Facility				Ta VIIgIIII
m	Depar Impor any Ir		Palat 6 8	6/2000			. Evans Fu				
	_		23a. Pert1. Entar tha disaese, or comp	lications that caused that			napolis Rd			15	Approximete
Ų.	Dhusislan	V 37	shock, or haart failure. List only o	na causa on aach line.	3041111 30 1101 01111	a	, mg, 3301 00 0213100	or respiratory of	1001,	1	Intervel Between Onsat and Death
	Physician / /Medical		Immediete Causa (Final	0		. 1	11.			1	/
	Examiner		disease or condition rasuiting in daath)	Drogression Adenocare	ue resp	Iratory	1454+1	ciency			weeks
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m	報 報道	Physician	G-41 04 - 1-18					T			
P.0.	of the	ys	Part II. Other significant conditions con			1		23b. Did t	/		the cause of death?
	gned b	by Pi	Chronic obstru	dive ouls	nonary	discus	e	۲ <u>ـ</u>	Yes 2LINo	3∐ Prot	bably 4 Unknown
Records,	and be			V	1			24a Was	an autopsy	24b. W(ere eutopsy findings
õ	per peed	ete						perfo	med?	ava	ailable prior to mpletion of cause
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	cate h							101	as 2000	10	Yes 2□ No
Vital	置 長书	Be	25. Was casa referred to medical examiner?	Hospitai:			28. Placa of Deal	th (Check only o	ne)		
ō	Physici this cerral direc	To	TEL TOS ZIALINO	1 LI Inpatiant	2 ER/Outpatien	T 3LI DOA			lanca 8 Othe		y)
		ion	27. Manner of Death 1 ☐ Natural 5 ☐ Panding	28e. Data of Injury (Month, Day Yea	28b. Tima of fnjury	W		28d. Describe n	ow Injury occurr	ad De	
S	Attending ir death. sctor: Alte by the tune	cat	2 Accidant invastigation 3 Suicida 6 Could not be				☐ Yes 2☐No	00/ 1 // //			
Division	Direct A	Certification:	4 ☐ Homicida determined	28a. Pieca of Injury - building, atc. (Sp.	At nome, tarm, etro <i>ecify)</i>	eet, fectory, office	•	City or Tow	Straet and Numbern, Stata)	or Hura	ii Houta Number,
-	Man and and and and and and and and and a		200 Contillate 4 20 at 1 at								
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	o the Hospital ithin 24 hours to the Funeral ornpletisly filled	Mec	29b. Signature appoints of certifier	and mannar statad.		29c Licer	nse number		29d. Date signed	(Month	Day Year)
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)	10/		would /0	cson	V	D20	004		May	1	1776
. (10/		30. Name and addrass of person who co	omplated cause of death			POD II	-H-	11. 1	ר ת	1222
1			Norton E/SI	on 652	5 pul	crest V	Walk MI	ya Tsvi	(10 M	V X	0/82
	Sta Registr		31. Dete filed (Month, Day, Year)	32. Registrar's S	or keelell						
	negiati	"! .	MAY 0 8 1996	June 1							

State of Maryland / Department of Health and Mental Hygiene

Physici					001	uncat	001	Death			Reg. No.			
/Medic		Decedent's Name (First, Mid EDWARD	KUSMAN		4					2. Data of De Mooth MAY 13	, 1996	Yaar	3. Tima of Death 12:05 PM	
Examir		4a. Facility Name (If not institut PHYSICIANS					4	4ь. Сіty, То LaPla		cation of Deat	1.27	nty of Death RLES		
Funeral Director		5. Social Security Number 134–38–1228	8. Sex 1 € M 2 ☐ F	7. Age (In yrs. 48	lest birthday) Yrs.	If Undar Months	1 Year Days	If Undar Hours	24 Hrs. Min.	8. Deta of Bir (Month, Da Jul. 2	v. Year)	9. Birth Coul New	place (Steta or Foral ntn) YOCK	
or 28a-f ahow	tor	Usual Residence of Dacedent 10a. State 10b. Coun Maryland Cha	ty arles	10c. Cit	y, Town or Lo Waldo								10d. inside City Limit	
or 28a	Director	10e. Street end Number				10f. Zip	Code				10g. Citizen o	f What Cou	ntry?	
23a o		6401 Bear Co	ourt.					2060	3			USA		
or Items	by Funeral	11. Marital Status 1 □ Navar Married 2√2 Ma 3 □ Widowed 4 □ Divorce	12. Was Der Armed F arried 1 Tes	2⊠No iva		Vas Deced Yes, spec				ecify Yas or No Rican, etc.)	- 14, R	Race - American Indien, Bleck, Whifa, atc.		
natural.		15. Deced	ent's Education		16a. Deced	ent's Usue	i Occup	ation			16b. Kind of			
- 60	Completed	(Specify only high Elementery/Secondary (0-12	nest grade completed) (1-4or 5+)	(Giva lifa. L	kind of wo OO NOT us	rk done d se retired	during mos d)	t of worki	ng				
giene.	No.	12	, conogo	(1 401 0 1)	Tr	uck I	rive	er			Trans	portat	cion	
nd Mental Hygie I marked other t umatic event, in	Be	17. Father'a Name (First, Middle	e, Last)			_		18. Mothe	r's Nama	(First, Middle,				
Aent rked tice	2	Edward Kusma	ın					Ro	seanı	na Darc	ey			
Department of Heelth and Mental Hygienes important: If Item 27 is marked other than any Injury or other traumatic event, the Mones.		19a. Informant's Name/Relatio	nship (Type, Print)		19b. Mailin	g Address	(Street	end Numbe	er or Rura	I Route Numb	er, City or Tou	n, Stete, Zip	Code)	
Heelth e em 27 la ither tra		Dolores Kusm	nan		640	1 Bea	ar Co	ourt,	Wald	dorf, M	ID 2060	3		
of Herr		20a. Method of Disposition			leca of Dispo amatery, cren	sition (Nan	ne of	101		Date	20c. Location	n - City or To	own, State	
nent of nt: If Its iry or o		f Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other		State	Resurr	•	•	*	V 7	5-17	Clinto	n. MD		
Department Important: If any Injury or once.		- 1		11					Ly		CILITO	ii, iii		
Depe Impor		22. Nama and Addrass of Facility Huntt Funeral Home, Inc. Box lamin Matthews M00658 P. O. box 156. Waldorf, MD 20604												
		Huntt Funeral Home, Inc. Benjamin Matthews M00658 P. O. box 156, Waldorf, MD 20604 23a. Partl. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest,												
hysician /Medical xaminer	3r	shock, or heart failure. LI Immediate Cause (Final diseasa or condition resulting in death)	Θ	CA9	PD'I C	dollow oil.							Approximata Interval Between Onset and Death 4 7 E A F	
sit	Examiner		b	HRO.	NIC	01	35%	TRY	C71	UE P	WIMAN	IARY 1	EW YEA	
end I-trar	хап	Sequentially list conditions, if any, leading to immediate	Due to (o	NIC ORSTRUCTIVE (or es a consequence of):										
clen		Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Diseesa or Injury			DISA					TSEA	32			
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State of Maryland / Department of Health and Mental Hygiene

15754 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Daath **Physician** HAYNES OCKLEAR APRIL 26, 1996 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva street and number) **Examiner** PriNCE GEORGES GENERAL Hospital Cheverly rince Georges If Under 1 Yeer If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 6. Sax 9. Birthplece (Stata or Foraign Country) North Caroline 7. Aga (In yrs. last birthday) **Funeral** 1 M 2□ F 240 26 2772 Yrs. Director Usual Rasidance of Decedant with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits PriNCE GEORGES md. chever 1 Yes 2 No Director 10a. Street and Number 10g. Citizan of What Country? 10f. Zip Code 7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner must be r 2900 LaNE MErcy USA permit. Peges 1 and 2 should be filed within 72 hours efter deeth 1 Depertment of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than 'natural', or items 28a any injury or other traumetic event Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 | Yes 2 | WNo If Yas, Giva | Yaar or Datas: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puerto Ricen, atc.) 14. Race - Amarican Indien, 11. Maritei Status Bleck, Whita, atc. 1 Navar Merried 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: white þ 3 ☐ Widowed 4 ☑ Divorced Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Spacify only highast grade complated) 16b. Kind of Businass/Industry Auto Elamentery/Secondary (0-12) College (1-4or 5+) COR SalesmAN 12 17. Fathar's Name (First, Middia, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) UN KNOWN UNKNOUN 19b. Mailing Addrass (Straat and Number or Ruyal Route Number, City or Town, Stata, Zip Code)

SD 12 Rhode Island Ave Hyattsville, Md.

co of Disposition (Nama of Data 20c. Location - City or Town, State Company or other place) 19a. Informant's Name/Ralationship (Type, Print) madden LOSEMary 20a, Method of Disposition

1 Burial 2 Cramation 3 Ramoval from Stata 20b. Place of Disposition (Nama of cematary, cramatory or other place) Washington, D. May 10,1996 Glenwood Cemetery 4 ☐ Donation 5 ☐ Othar (Spacify) 22. Name end Addrass of Facility 21. Signeture of Funarah Service License 254 Carroll 20012 washing to 23a. Part 1. Entar tha diseasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory shock, or haart failura. List only one cause on ago. Approximata Intarval Batween Onsat and Death Physician Jyn Nome /Medical tmmediata Causa (Final diseasa or conditio rasulting in death) Examiner Dua to (or as a consequance of) mot rostes physician and s the buriel-transit Sequantially list conditions, if any, laading to Immadiata causa. Entar Underlying Cause (Disaasa or Injury that initiated avents resulting in daath) Last Due to (or as a consaquance of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): use as 1 lor Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Donknown 10001612 þ 24b. Wara autopsy findings evellabla prior to complation of causa of death? 24a. Was an autopsy performed? certificata has 1 ☐ Yes 2 ☑ No 1 ☐ Yas 2 ☐ No after death.

Director: After this certific funeral director, 25. Wes cesa ratarred to medical axaminar?

1 Yas 2 No Be 26. Piaca of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 26a. Data of tnjury (Month, Day Year) Certification: 27. Mannagef Death 28b. Tima of 28c. tnjury at Work? 28d. Describe how injury occurred 5 Panding Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicide 6 Could not be datarmined To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Text Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifian (Check only one) 29b. Signetura end titla of cartifiar 29d. Data signed (Month, Day, Year) Alferd.y 125077 30. Nama and addrass of person who complated usa of death (Itam 23a) (Type, Print) 7404 Executive Place # 502 mo of werelder 31. Data filed (Month, Day, Year) 22. Registrar's Signature State MAY 1 0 1996 Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96

					Certifica	ate of	Death		Reg. No.		
Physici /Medic		1. Decedent's Neme (First, Middle, Last) Rosic	L.	Lo	ve			2. Dete of De Amonth	Day 21 1	Year 996	3. Time of Death
Examir		4a. Facility Name (If not institution, give s PRINCE GEORGE S	HOSPITAL	_ CEN			4b. City, Town, or I	RLY	PRINC		EORGES
Funeral Director		5. Social Security Number 250-36-9014 Usual Residence of Decedent	7. Age (In	yrs. last birtl	rs. Monti	der 1 Year ns Deys	if Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, Di MAY 2	5 1922	9. Birthpi	HILL, S
the Maryland 28a-f show	Director	10a. State 10b. County MD. PRINCE (FOR	ESTVI						od. Inside City Limits 1 X Yes 2 □ No
h with 23a or st be c		7420 MARLBORO	PIKE		101.	Zip Code 20	747		10g. Citizen of V		TATES
aryland 21215-0020 should be filed within 72 hours after deeth with the Manyland nd Menlei Hyglane. marked other than "natural", or items 23s or 28s-1 show imade event, it a Med call Examine must be notified at	by Funeral	11. Marital Status 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 Û No If Yes, Give Yeer or Detes:	in U,S.			dispenic Orlgin? (S an, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	5 14. Reco	e - America k, White, e	
re, Maryland 21215-002 s 1 and 2 should be filed within 72 hours I fealth and Mentel Hygiane. tem 27 is marked other than "natural; other traumatic event, the Medical East	Be Completed	15. Decedent's Edu (Specify only highest grade	cation completed)	16a.	Decedent's U	sual Occup work done	pation during most of wor d)	king	16b. Kind of Bu	siness/Ind	ustry
212 d withinglane.	ошо	Elementary/Secondery (0-12)	Coilege (1-4or 5+)			USEW			HOM	E	
ind be file tel Hyy went,	Bec	17. Father's Name (First, Middle, Last)							, Melden Sumem	ө)	
Maryland d 2 should be file lith and Mentel Hy 27 is marked othe	To	JOSEPH STI		401	Adattia - Andil-	(0)			LIAMSO		0:40
C & a a		19a. Informant's Name/Reletionship (Ty) DIANE BLUE	De, Phnt)		00 RI	•	end Number or Ru			51010, <i>Zip</i> 7 3 5	Sode)
Baltimore, Noemit. Peges 1 and Department of Health Important: If Item 27 in Item 27 in Item 27 in Item 27 in Item 27 in Item 27 in Item 27 in Item 27 in Item 27 in Item 27 in Item 27 in Item 37 in		20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ R		0b. Place of	Disposition (/	Veme of		Date	20c. Location -	City or To	wn, Stete
Peg Peg nent Int: H	-	4 □ Donation 5 □ Other (Specify)			R MEM		,	-27-96	ROCK	HIL	L, S.C.
Baltimore, N pemit. Peges 1 and Department of Health Important: If Item 27 any Injury or other t		21. Signetule of Funeral Service License	Sher-	Salle	1425	MAR	YLAND A	VE., N		1., 1	DC 20002
Physician /Medical Examiner		23e. Paft1. Enter the diseese, or dombli shock, or heart failure. List only or Immediate Cause (Finei diseese or condition resulting in death)			monior the n		ng, such es cardiec	or respiretory a	rrest,	ŀ	Approximete Intervel Between Onset and Death ONE OAY
	Jer	resulting in deality	Due	to (or as a c	onsequence	of): RIG	HT LU	NG		1	
760, t be executed stelen and bunal-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	. —		onsequence			•			
x 687		Cause (Disease of Injury that initiated events resulting in death) Last	Due	to (or as a co	onsequence o	f):				1	
P.O. Bo at the death by the attended for	Physician	Part li. Other significant conditions con	tributing to death but no	t resulting in	the underlyin	g cause giv	/en in Part I.	23b. Dld	tobacco use cor	tribute to	the cause of death?
s that the igned by the	/ Ph)	ANOXIC	ENCEP	HAL	-UPAT	HY		1 🗆	Yes 2□ No	3 ☐ Prob	ably 4 Onknow
ecord ew requir ss been s 2 should	Completed by							24e. Wes	en autopsy ormed?	eve	re eutopsy findings ilable prior to apletion of cause leath?
The lew eta hes page 2	Com							10	Yes 2000	10	Yes 2□ No
f Vital I	Be	25. Was case referred to medical examiner?	ospital:			DOA Oth	26. Place of Dea	th (Check only	one)		
9 Phys eral direct	: To	1 Yes 2 No	Impatient	2 ER/Out		DOA	4 🗆 Nursing 🖪		how injury occurr)
vision of Vita Attending Physician: r death. etor: After this certific by the funeral director,	atlor	1 ☐Natural 5 ☐ Pending investigation	28a. Date of Injury (Month, Day Yea	ar) In	jury M	28c. Injui Wo	rk? Yes 2 □ No		,,,,		
Divis	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - building, etc. (Sp	At home, far	m, street, fac	ory, office			Street end Numb wn, Stete)	er or Rural	Route Number,
Divisio To the Hospital or Attendi within 24 bours after death To the Funeral Director: A completely filled in by the f	Medical	29a. Certifier (Check only one) 1 Certifying Phya 2 Medical Examin	ician: To the best of my er: On the basis of exa- end menner steted.	knowledge, mination and	deeth occurr /or investigat	ed et the tir on, in my o	me, dete and place ppinion, death occu	, and due to the rred at the time,	cause(s) and ma date and place, a	nner as sta and due to	ited. the cause(s)
To t With Com	M	29b. Signature and title of certifier	50 18	ms		29c. Licens	se number		29d. Dete signed	(Month, C	ley, Year)
6		30. Name and address of person who co George C. Hajja	mpieted cause of death	(item 23a) (1	Type, Print)	rbes	Blud. L	anham	md.	2070)6
Sta Registr		31. Dete filed (<i>Month</i> , <i>Dey</i> , <i>Year</i>) MAY 0 7 1996	32. Registrer's S	signature or Rod	14						

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stated a view

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 2. Dete of Deeth Month

>	Physiciar /Medica Examine	1
	Funeral Director	

should be filed within 72 hours eftar death with the Marylend nd Mentel Hyglene. marked other than "natural", or Items 23a or 28a-f show than "natural", or Items 23a or 28a-f show the Medical Examiner must be notified at

Baltimore, Maryland 21215-0020 Peges 1 end 2 should be fill ent of Haalth end Mentel Hit: If Item 27 is marked oth y or other traumatic eventy. Be permit. Pege Department of Important: If any injury or once. Physician /Medical Examiner Examiner thet the death certificate be executed physician end s the buriel-tran Box 68760 Physician/Medical P.O. 2 should be det Records, by The law requires Completed page 2 this certificata of Vital Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this certifica etely filled in by the funeral director. Be To Certification: Division 24 hours To the Hosp within 24 hou To the Fune completely fil Medical

1. Decedent's Neme (First, Middle, Last) 1996 James Henry LAWRENCE, II 4b. City, Town, or Location of Deeth 4:30P 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth LANHAM PRINCE GEORGE'S DOCTOR'S HOSPITAL 5. Sociel Security Number If Under 1 Yeer if Under 24 Hrs. 9. Birthplece (State or Foreign Country) GASTON COUNTY, 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Year) Deys Hours 1**X** M 2□ F 63 Yrs. JUNE 1, 1932 245-40-7012 Usuel Residence of Decedant 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits XXYes 2 □ No Director MARYLAND PRINCE GEORGE'S BOWIE 10f. Zip Code 20720 10g. Citizen of Whet Country? 10e. Street end Number 4408 WOODGATE WAY Funeral 12. Wes Decedent Ever in U.S. Armed Forces? NAVY
1 (1) Yes 2 No If Yes, Give 10/18/51
Yeer or Detes: 04/25/52 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Black, White, etc. 11. Maritel Status 1 ☐ Never Married 2 Married 1 ☐ Yes 2 🛣 No Spacify: þ BLACK 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Collaga (1-4or 5+) Elementery/Secondery (0-12) GOVT. (DEA) FORENSIC CHEMIST 17. Fether's Name (First Middle Last) 18. Mother's Neme (First, Middle, Maiden Surneme) CARRIE GLENN JAMES ANDERSON LAWRENCE 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) 4408 WOODGATE WAY BOWIE, MARYLAND JANICE C. LAWRENCE/ WIFE 20b. Pleca of Disposition (Neme of cametery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 X Removel from Stete 5/13/96 GASTONIA, NC GASTON MEMORIAL PARK 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signeture of Funerel Service Licensee MARSHALL'S FUNERAL HOME 20746 4308 SUITLAND RD SUITLAND, MD WION 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or haart failura. List only one cause on each line. Approximete Intervel Between Onset end Death fmmedieta Ceusa (Final · CARDIAC disease or condition resulting in deeth) H (NUTSIS Due to (or es e consequence of) OBSTRUCTIVE AND RESTRICTIVE LUNG DISEASE MONTH Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequença of) METASTATIC ESOPHALEAL MONCAS CARCINOMA Due to (or es e consequence of): 3 YEARS ESOPILACIEAL CARCINOMA Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 20 No 3 Probably 4 Unknown SEVERE PERIPHERAL VENOUS INCOMPETANCE 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case raferred to medical 26. Plece of Deeth (Check only one) exeminer Hospital: Other: 4 Nursing Home 5 Residanca 6 Other (Specify) 1 Yes 2 No 1. Inpatient 2 ER/Outpetient 3 DOA 28c. Injury et Work? 28a. Deta of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be datermined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, atc. (Specify) 4 Homlcida 12 Certifying Physician: To the best of my knowledga, death occurred et the time, date end place, and dua to tha causa(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and place, end due to the ceuse(s) and menner steted. 29a. Certifier (Check only one)

29c. License number

D31069

29d. Date signed (Month, Dey, Year)

May 7, 1996

20706

State Registrar 29b. Signature end title of certifier

31. Data filed (Month, Dey, Yeer)

MAY 0 9 1996



30. Name end eddrass of person who complated causa of death (Itam 23a) (Type, Print)

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Degedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 35 Month arter unculn Am 1996 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth SUBURBAN HOSPITAL Bethesda Montgomery If Under 24 Hrs. 6. Date of Birth
Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplece (State or Foreign Country) Deys 1⊠M 2□F Months Yrs. 75 144-12-1096 Sept. 2, 1920 West Virginia Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☑ Yes 2 ☐ No Maryland Montgomery Silver Spring 10e. Street and Number 10f, Zip Code 10g. Citizen of What Country? 404 Thayer Avenue United States 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status Was Decadent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 Married 1 X Yes 2 No 3/12/43-If Yes, Give 1 Yes 2 No Specify: Specify: 3 Widowed 4 Divorcad Year or Dates: 12/30/45 Black. 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Retired Business Owner Self Employed 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Frances Jackson Rufus Hayes Lincoln 19e. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 404 Thayer Avenue, Silver Spring, MD 20910 Ernestine B. Lincoln - Wife 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Surial 2 ☐ Cremetion 3 ☐ Removal from State Maryland Veterans Cemetery 5/10/96 Cheltenham, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, #1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, ock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset end Deeth Immediate Cause (Finel BLADDER CANCER 8 YEARS diseese or condition resulting In death) Due to (or es e consequence of): Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting In deeth) Last Due to (or es e consequença of): Due to (or es e consequença of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 No 3 Probably 4 Unknown THROMBOSIS, PULMONDRY EMBOLISM 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? DIABETES MELLINS, CONGESTIVE HEACT FAIWRE, HYPERTENSION
25. Wes case referred to medical examiner? 2 No 1 ☐ Yes 2 ☐ No 26. Pleca of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Inpatient 2 □ ER/Outpetient 3 □ DOA 1 ☐ Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 26f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 I Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and pleca, end due to the cause(s) and menner steted. 29e. Certifier

certificate be executed P.O. Box 68760, Division of Vital

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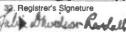
29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

606 KENSINGTON, MD 20895 10400 CONNECTICUT AVE

31. Date filed (Month, Dey, Year) MAY 0 9 1996





State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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State of Maryland / Department of Health and Mental Hygiene 96

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DHMH 16 Rev 6/95

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

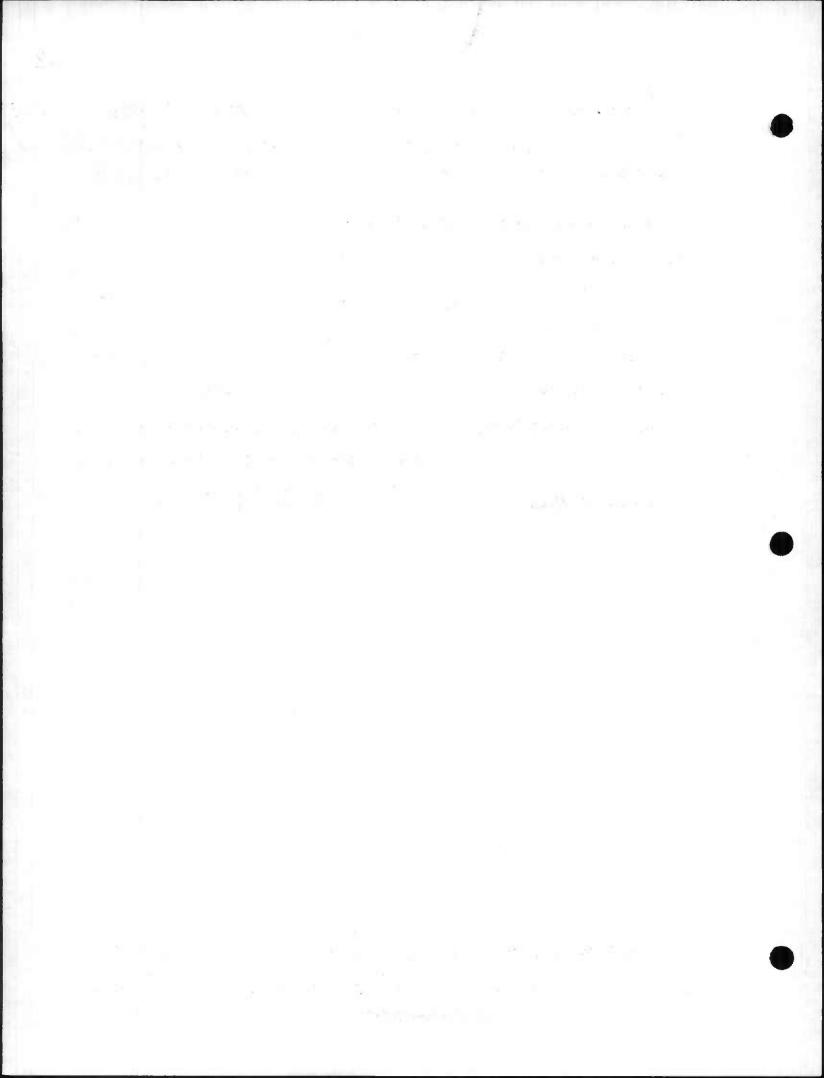
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0	19a. INFORMANT'S NAME (Type/P									Route Number, City or				
-	CHARLES L. MATTHEWS (NEPHEW) 15228 MARLBORO PIKE UPPER MARLBORO, MD.											20772		
	20a. METHOD OF DISPOSITION 1X Pauriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)													
	4 □ Donation 5 □ Other (Specify) RESURRECTION CEMETERY 5/6/\$6 CLINTON, MI 21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
				2							UARY,	P.A.		
- 0	WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resolutions arrest.													
	821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, anock, or heart fallure. List only one cause on sech line. Approximate interval Between													
	ahock, or heart fallure. List only one cause on sech line. IMMEDIATE CAUSE (Final													
	resulting in death)		a	OR AS A CONSI	1 w	cury	ar	esl	•				Newa	
			DUE 10	OR AS A CONSI	A L	DF):) ~	Li.					Year	
CATION	Sequentially list conditions,		b. OUE TO	(OR AS A CONSI	EOUENCE C	OF):	7							
7	cause. Enter UNDERLYING	any, leading to immediate use. Enter UNDERLYING										Years.		
	CAUSE (Disease or Injury that initiated events	1	OUE TO	OR AS A CONSI	EOUENCE C	PF):							years.	
CERTIFI	resulting in death) LAST	L	d	(M) suc	0 1	c In							1	
. 11	PART II. Other algnificant co	ondition	a contributing to	death but not	reaulting	In the u	nderiyir	ng ceuse	given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
IEDICAL		Pe	· Catan	en la	Lescay	ilie 6	coste	cesty			FORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE	
밀		,			Ron Les Copie Gaslengly						2 [100		OF DEATH?	
2 2														
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	DICAL	HOSPITAL:					PLACE OF D	EATH (C	neck only one)				
XS.	1 YES 2 NO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4 Nu	R: sing No	me 5 🗆 R	esidenca	6 Other (Specify)				
F	27. MANNER OF DEATN 1 Natural 5 Pend	lna	28e. DATE OF (Month, D		26b. TII	ME OF	W	JURY AT		28d. OESCRIBE HO	W INJURY O	CUREO		
B	2 Accident Inves	tigation	40.00.00.0			М		YES 2	NO					
	3 Suicide 6 Could 4 Homicide deter	d not be mined	building,	F INJURY — AI h etc. (Specify)	юте, тагт,	street, rac	tory, offi	ce		261. LOCATION (St. City or Town, S		or or Runal Ro	ute Number,	
<u>-</u>	29e, CERTIFIER											_		
COMPLET	(Check only									to the cause(a) and			and manner as stated.	
- 11	296. SIGNATURE AND TITLE OF							-						
H	ZHU SIGNATURE AND THE OF	ENTIFIE	-	ma.					ENSE NU	640	29d, DA	4 32/	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PER	SON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Typ	e, Print)		1 :/	4	01		7/20/	10	
	WILTON MANOR NURSING CENTER CLINTON, MD.													
	31. DATE FILED (Month, Day, Year)	-					_							
	MAY 1 3 19	196	gulia 1	ar's signature	andell	4								

			Certificate of Death		giene Reg. No.	16 15761
	Dhysio	ion		2. Data of De Month	eath Day	3. Tima of Death
	Physic /Medi		Thelma McDonald	5	11 /	996 315 AM
	Exami		4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Loc	cation of Deat	h 4c. County	of Death
	Funeral Director		372-01-7379	8. Data of Bir (Month, Da	th ly, Year)	e Arundel 9. Birthplaca (Stata or Foreign Country) 1915 Michigan
	pue *_		Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location			10d. Insida City Limits
	Alanyda Sho	5	Annapolis			1 ☐ Yas 2√ No
	28a	Director	Maryland Anne Arundel 10f. Zip Coda		10g. Citizen of W	
	With a					
	ne 23	era	3109 River Crescent Drive 21401 11. Maritai Status 12. Was Decedant Evar in U.S. 13. Was Decedant of Hispanic Origin? (Spec	cify Yas or No		States - American Indian,
250	72 hours after death with the Manyland natural;, or items 23a or 28a-f show dies! Examiner must be notified at	by Funeral	11. Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? 1 □ Navar Marriad 2 □ Married 1 □ Yas 2 □ No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Spec If Yas, specify Cuban, Maxican, Puarto R 1 □ Yas 2 □ No Specify: Yaar or Datas:	lican, atc.)		k, Whita, atc. White
5	"natural",	Pe	15. Decedent's Education 16a. Decedent's Usual Occupation		16b. Kind of Bu	sinass/Industry
0200-61212	within ene. than	Completed	(Specify only highast grada complated) Elamantary/Secondary (0-12) Collage (1-4or 5+) (Giva kind of work dona during most of working life. DO NOT use retired)	ng .		
2	€ 4 4 E	BeC	17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama	(First, Middle		mestic
0	D = 0 0	To B	Clarence MacDonald Mable			Stuckev
maryland	d 2 should th and Mer 7 is marke traumatic	-	19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural	Routa Numb		
Ě	of Health are Itam 27 is other trau		J. Riggs 10008 Branch View	Cour	t, Sil	ver Spring,
ט ב	f Her fam othe		Elizabeth 20a. Mathod of Disposition 20b. Place of Disposition (Nama of comatary, cramatory or other place)	Data		City or Town, Stata
Dalilliole,	Pagas nent of I mt: # Ita		1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation S Othar (Specify) Fort Lincoln Crematory	5-13	Brantu	ood Marylan
	그 독 교 구		21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility			
š	Depa Impo		John M. Taylor F Duke of Glouceste	er St.	, Anna	polis, 21401
/	o Physician /Medical Examiner	ı	23a. Part . Entar the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of):			Approximata Interval Batween Onset and Death
	death certificate be axecuted e attanding physician and od for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last b. Tobucco Use Due to (or as a consequence of): c. Due to (or as a consequence of):			
	death d for	lcia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23h Did	tobacco usa con	tribute to the cause of death?
5	by th	by Physician/M	ratti. Other arginiteant continuous continuously to teath but not resoluting in the uniterlying cause given in ratti.		Yes 2□ No	3 Probably 4 Unknown
necolus,	aw requir	Completed b		24a. Was	an autopsy ormed?	24b. Wara autopsy tindings availabla prior to completion of cause of daath?
=	0 - 6	TO.		10	Yas 20 No	1 ☐ Yas 2 ☐ No
	ilcian: The	Be	25. Was casa raterred to madical aximinar?	(Check only	ona)	
5	G io	To	Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Hom	na 5 □ Rasi	dance 6 Othe	ir (Specify)
	Attending Phir death.	ation:	27. Manner of Death 1 Natural 5 Panding 2 Accident invastigation 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury Nork? 1 Year 1 Natural 1 Panding 1 Pan	8d. Dascribe	how Injury occurr	bd
	al or Attene s after deatl i Director: od in by the	Certification:	3 ☐ Suicida 4 ☐ Homicide 1 ☐ Could not be detarmined 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify)	8t. Location (City or To	Street and Numbe wn, Stata)	er or Rural Routa Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director. After th completely filled in by the funeral	edical	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, are considered and manner stated.	d at tha tima,	data and place, a	and dua to tha cause(s)
	To the To the comp	M	29b. Signature and title of certifier 29c. Licansa number		29d. Data signed	(Month, Day, Year)
			1 / my land MA 131607-		5/111	96
,			29c. Licansa number 29c. Licansa number	0 1	1	2 2
			31. Data Wed (Month, Day, Year) 32. Bagistrar's Signatura	Croto	on, and	2/114
	Sta Registr		MAY 1 3 1996 Shardson-handele			

State of Maryland / Department of Health and Mental Hygiene

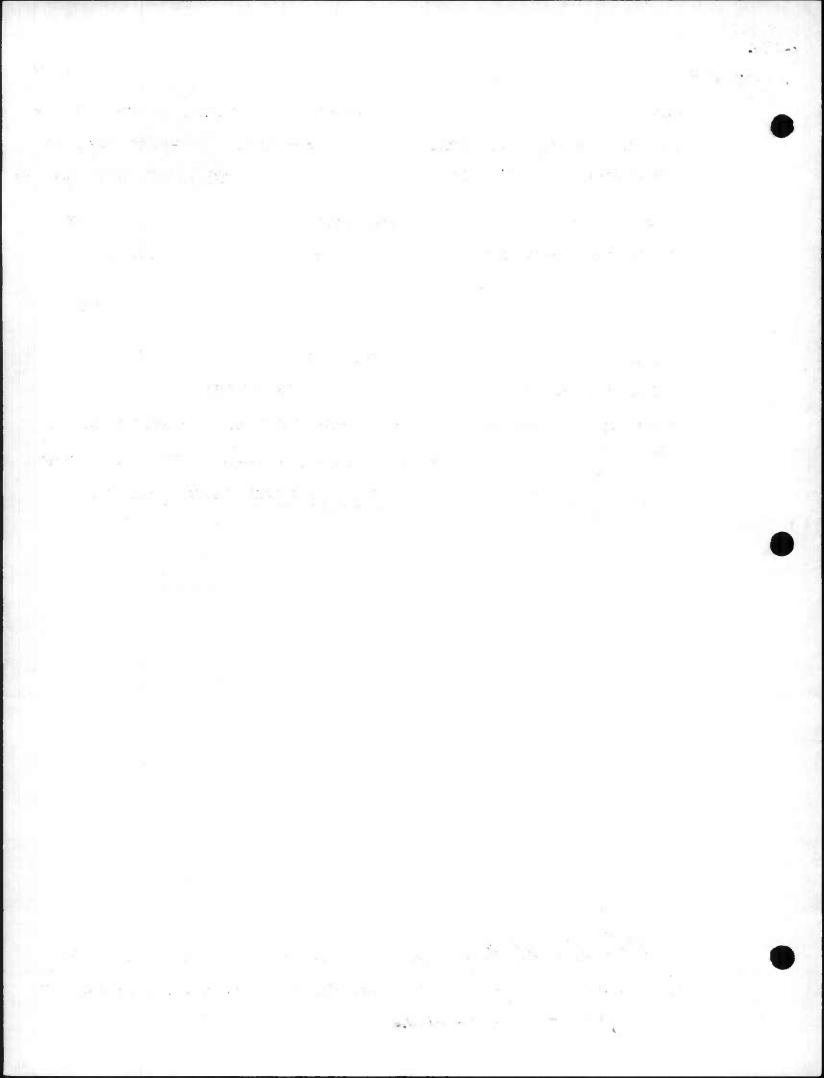
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	90	10/0) (

					Certifica	ite of Dear	th	Reg	No.	0 13	102
Dhusia		1. Decedent's Neme (First, Middle, Last)	-0 /				Dete of Deeth Month	Day	3. 7	Time of Deeth
Physic /Medi		Charles	5.	MAT	thei	25	N	121	Day	996 1	0:450
Exami		4e. Fecility Neme (If not institution, give	street and number) (1,1	,	4b. City,	Town, or Locatio	n of Deeth	4c. County	of Deeth	
		Southern MAIS	24/AND	HOS P.	141	611	NEW		PRINI	e 40	onges
Funeral		5. Social Security Number 6. Se		In yrs. last birt	Month		der 24 Hrs. 8. D	Dete of Birth Month, Dey, Y	ear)	9. Birthplece (Stete or Foreign
Director	-	210-24-3044	₫M 2□ F	65 Y	rs.	Doys 11001	DE	C. 27 1	930	D.C.	
pu »		Usuel Residence of Decedent 10a. Stete 10b. County		On Other Town							
arylar show	-			0c. City, Town							side City Limits
the Mar 28a-f st notified	Director	MARYLAND PRINCE C	EORGE	UPPER	MARLBO1						Yes 2□No
Vith to	Dir	10e. Street end Number			10f. 2	ip Code		10g.	Citizen of V	Whet Country?	
ath w	rai	15228 MARLBORO PIK				20772			US		
ter dea	Funeral	11. Meritel Stetus	12. Wes Decedent Ever Armed Forces?	er in U,S.	13. Was Dec	edent of Hispenic ecify Cuben, Mexi-	Orlgin? (Specify 'can, Puerto Ricar	Yes or No- n, etc.)		e - American Inc ck, White, etc.	tien,
	by F	1 ☐ Never Married 2XXMerried 3 ☐ Widowed 4 ☐ Divorced	1 Nes 2 No If Yes, Give	r1 -0	1□ Yes	21 No Spec	ity:		Specify	BLACK	
72 hours "natural",	D.		Yeer or Detes:/9		0	10			10 1 10		
n 72 nat	Completed	15. Decedent's Edu (Specify only highest grad	e com <i>pleted)</i>	160.	(Give kind of I	sual Occupation work done during m use retired)	nost of working	16	b. Kind of Bu	usiness/industry	
d within 72 hours af giene. ir then "naturel", or	mc	Elementery/Secondery (0-12)	College (1-4or 5+)			430 10(1104)		- T-4	OMPRI	*** 0 0 0 0	
77 75 15	Ö	12th 17. Fether's Neme (First, Middle, Last)	0	ME	CHANIC	18. Mo	other's Neme (Firs			WASTE	
Mantal Marked o	Be c	ERVIL P. MATTHEW	10				- V2 /			9)	
should by and marked imatic events	10	19e. Informent's Neme/Reletionship (T)		106	Maltina Adde	ss (Street end Nur	IARY I. J		ih Taura	Chata Zia Cada	
2 4 9 3											
1 and Haalth em 27 ther tr		LILLIAN M. MATTHEW 20e. Method of Disposition			28 MARI Disposition (A	BORO PIK	E UPPER			D. 20772 City or Town, S	
00-		10⊡Buriai 2 ☐ Cremetion 3 ☐ F	Removel from State	cemetery	r, cremetory o	other place)					
t. Pag rtment rtant: h		4 Donetion 5 Other (Specify)		MAKILA		ERRN CEME		L//96 C	HELTA	NHAM, MI	J.
pemit. Pages 1 ar Department of Has Important: if Item: any Injury or othe		21. Signeture of Funerei Service Licens	30			end Address of Fe EESE & SO		JARY. P	. A .		
00240	Ш	Lavy M. He	00_		821 WI	ST ST. A	NNAPOLIS	S. MD.	21401		
		23a. Pert1. Enter the diseese, or compleshock, or heart feilure. List only or	cetions thet caused the	e death. Do n	ot enter the m	ode of dying, such	es cerdiec or res	piretory errest	,	Appr	oximete vel Between
Physician			-	•	n P	1-1-	- Can	01		Onse	et end Deeth
/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	lein	mu	t h	orlin	an	ch		/	14
	<u>_</u>	resoluting in deepty	n Dy	to (or es e g	onsequince o	f): .				1 /	21
D tis	in a		del	2701	MIND	n				7	400
certificata be asscuted uding physician and usa as the burial-transit	Examiner	Sequentially list conditions, if env. leeding to immediate	Du	e to (for es e c	onsequence o):					
be a lclan buria		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	>								
phys tha	Medical	thet initieted events resulting in deeth) Last	Due	e to (or es e co	onsequence of):					
	Me		1							i	
death c	lan										
tha s	Physician/	Pert fl. Other significant conditions con	tributing to death but n	ot resulting In	the underlying	ceuse given in Pe	ort I.	23b. Dfd toba	cco use por	ntribute to the c	cause of death?
hat the day datac	P							1 🗆 Yes	2 No	3 Probably	4 Unknown
v requires that the death ce been signed by the attandir should be datached for usa	b								1 451-5		
redu	Completed							24e. Wes en e performe	d?	24b. Were au eveileble	prior to ion of ceuse
S S S	Jdu			-						of deeth?	?
The tata h	Ö							1 🗆 Yes	2 No	1 ☐ Yes	2□ No
Physician: The lav this certificata has ral director, page 2	Be	25. Wes case referred to medicel examiner?					ace of Deeth (Ch	eck only one)			
Physic this c	2	TU TOS ZE NO	lospital: 1 Inpatient	2 ER/Out	petient 3 I		Nursing Home				
ng P	on:	27. Menner of Death 1 ☑ Neturel 5 ☐ Pending	28e. Dete of fnjury (Month, Dey Yo	9ar) 28b. Ti	jury	28c. fnjury et Work?		Describe how	Injury occurr	ed	
Attending in death.	catl	2 ☐ Accident Investigation			М	1 ☐ Yes 2	□No				
aftar d Direct	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injury building, etc. (\$	 At home, fen Specify) 	m, street, fect	ory, office	28f. L	ocation (Stree City or Town, S	et end Numb Stete)	er or Rural Rout	e Number,
itai c ral D											
To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page	edical	(Check only 2 Medical Examin	ifcfan: To the best of m	aminetion end	deeth occurre	d et the time, dete	end piece, and dieeth occurred at	ue to the ceus	e(s) and ma	nner es stated.	ause(s)
the I the I	Med	one)	end menner steted	l.							
7 ¥i€ 00 00 00 00 00 00 00 00 00 00 00 00 00	-	29b. Signature end the of certifier	10 1	181.	1 2	9c License numbe	120	29d.	Dete signed	d (Month, Dey, Y	reer)
		MM Saml	1/M	Klud	lif !	11-64	> 2>		2/1	2/96	
		30. Name and eddress of person who co	mpleted ceuse of deat	h (Item 23a) (1	Type, Sint)	. / 0	,	Λ	1	, /	/
		LAXMI N. Be.	RWA M.	D. 7	700	Old BR	Arich	Hue.	611	NON,	Md
Sta		31. Dete filed (Month, Dey, Year) M/V 1 7 100	32. Registrer's	Signeture	Pande De						
Registr	ar	MILLA I / IOO	/\ B ELLAUL → V	المراجعة والمتعالب	Mailan						



	MK Imendea	(#	= 20a. P.6.C. 5-1	5-96 CR	aryland / Dep		Health and N	Mental Hygi	-	15763			
	Physic /Medi	cal	Decedent's Neme (First, Middle, L. JOANN 4e. Fecility Neme (If not institution, gi			MCDC	W 4b. City, Town, or L		Dey 24, 19				
	Exami Funeral Director	ner	RAMP 295 to RO 5. Sociel Security Number 6.	OUTE 210 -	ROADWAY e (In yrs. last birthdey) 43 Yrs.	If Under 1 Year Months Deys	OXON HII		PRINC Year) 1952				
	deeth with the Maryland rms 23a or 23a-f show rmat be notified at	ctor	10e. State 10b. County DC N/A		10c. City, Town or Lo	ocation JASHINGTO)N			10d. Inside City Limits			
	oth with the 23a or 28	Funeral Director	10e. Street and Number 120 DANBERRY STR	EET, S.W.		10f. Zip Code 200	32	10	g. Citizen of W U . S				
020	72 hours after dee natural", or items	by	11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 X It Yes, Give Yeer or Detes:		Wes Decedent of if Yes, specify Cul	Hispanic Origin? (Sp ben, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		- American Indien, , White, etc. BLACK			
21215-0020	within 72 ho ene. then "natur he Medical	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12)	ducation ede completed) College (1-4or 5	16e. Dece (Give life.		petion a during most of work ed)	ing 1	6b. Kind of Bus				
	2 should be filed within n and Mentel Hygiene. Is marked other than " reumatic avent, the Me.	To Be Con	11th 17. Fether's Neme (First, Middle, Las WILLIAMS J. HIG			UNEMPLOY	N/A faiden Sumeme						
ore, Maryland	of Health of Health fitem 27 r other t	T	19e. Informant's Neme/Reletionship FANNIE BYRD 20e. Method of Disposition	Type, Print) (MOTHER)	120 20b. Plece of Dispo	DANBERF	et end Number or Rui	S.W.; W.	ASHINGT	ON, D.C. 20032 City or Town, Stete			
Baltimore,	permit. Peg Department Important: It any Injury o												
60,	Physician /Medical Examiner physician and P		Immediate Cause (Finel disease or condition resulting in deeth) Sequentially tist conditions, if eny, leading to immediate cause. Enter Underlying	o. Mul	Due to (or es e consec	Ayunquence/of):		or respiretory erre	st,	Approximate intervel Between Onset end Deeth			
Box 6876	leeth certificete be ettending physici I for use es the bu	n/Medical	Ceuse (Diseese or Injury thet Initieted events resulting in deeth) Lest	d	cDue to (or es e consequence of):								
P.O.	law requires that the death certificate be executed es been signed by the ettending physician and a 2 should be detached for use es the buriel-trensit	by Physician/Medic	Pert II. Other significant conditions	contributing to death bu	ut not resulting In the u	nderlylng ceuse g	iven in Pert i.		e 2 No	ribute to the cause of death? 3 Probably 4 Unknown			
of Vital Records,	e faw requires hes been sig ge 2 should b	Completed b		1				24a. Wes an perform	eutopsy ed?	24b. Were autopsy findings aveilable prior to completion of cause of death?			
Vital F	Physician: The Is this certificate he ral director, page	Be	25. Wes case reterred to medical exeminer?	Hospitel:		0	her	h (Check only one)	1 Yes 2□ No			
Division of	or Attending Photes death. Niector: After the in by the funeral	Certification: To	27. Manner of Deeth 1 Neturel 5 Pending Investigatio 3 Sulcide 6 Could not be determined	28a. Dete of Injur (Month, Day 28e. Pieca of Inju building, etc.	y 28b. Time of injury 76 7 48	f 28c. Inju	ry et ork? Yes 2 No	nme 5 Resider 28d. Describe how passings 28f. Location (Str. City or Town, to Konto	w Injury occurre				
	To the Hospital within 24 hours of To the Funeral completely filled	edical	29e. Certifier 1☐ Certifying PI (Check only one) 2☒ Medicai Example 2 Medicai Examp	nyelctan: To the best on niner: On the basis of end menner sta	f my knowledge, deetl examinetion and/or in	n occurred et the t vestigetion, in my	ime, dete end plece, opinion, deeth occur	end due to the car red et the time, da	use(s) end men te end plece, er	ner es steted. nd due to the cause(s)			
	Tor	Z	296. Signature and title of certifier Theodore	Il. King	/ m.).	0.0	c.M.E.		d. Date signed	(Month, Dey, Year)			
	Sta Registi	100	31 Date tiled (Month, Dey, Year) MAY 1 0 199	Registre			treet, B	altimor	e, Mar	cyland 21201			

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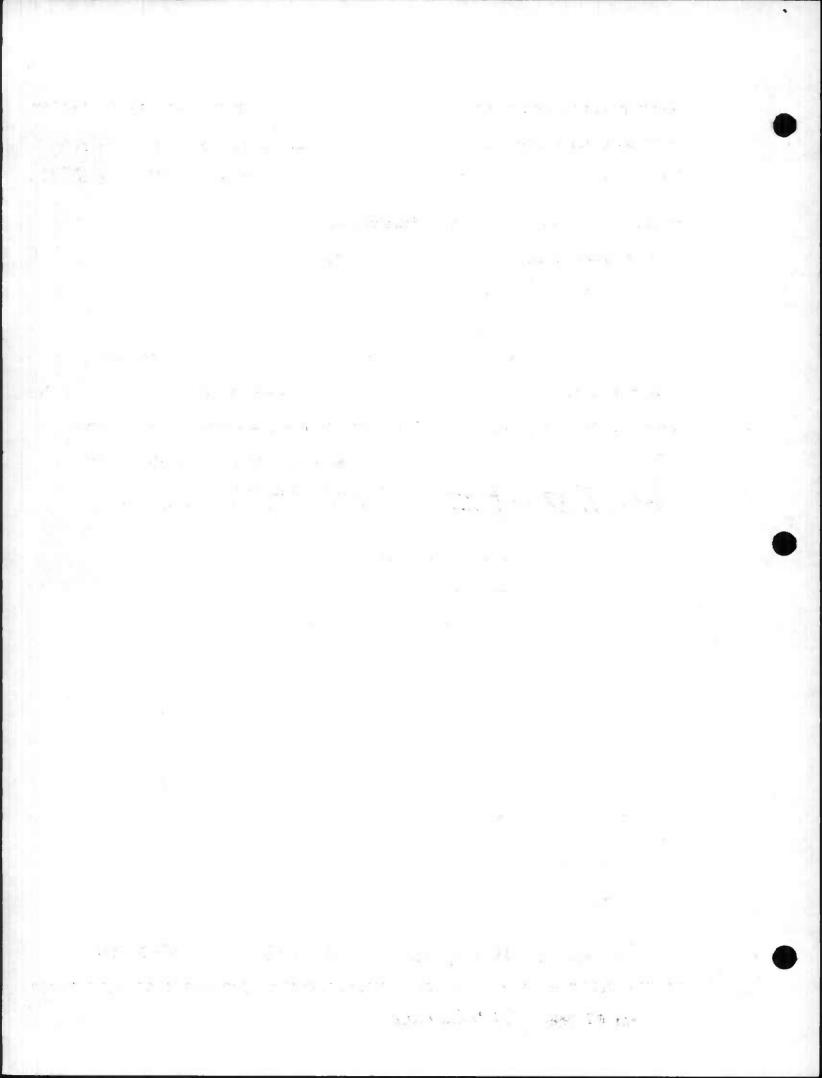


State of Maryland / Department of Health and Mental Hygiene

				State	of Marylar		irtment of F tificate of I				giene (Reg. No.	96	5764
			1. Decedent's Neme (First, Middle,	Last)						2. Date of De	eth		Tima of Death
	Physici /Medio		RUBY CECELIA	MUSGRO	VE					Month M A Y	0 2 1	996 4	: 16AM
	Examir		4a. Fecility Neme (If not Institution,	give street end no	ımber)		4	b. City, To	wn, or Lo	ocation of Deet	4c. County	of Deeth	
		_,	FORT WASHINGTO	N HOSPIT	AL			Ft.	Wash	ington	Princ	ce Georg	e's
	Funeral			6. Sex 1 □ M 2 □ X F	7. Age (In yrs.		if Under 1 Yeer Months Days	if Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, De	th v. Year	9. Birthplace	(Stete or Foreign
	Director		121-36-7782	TO W ZOAT	51	Yrs.				April 2	, 1945	Rochell	e, N.Y.
	pun #		Usual Residence of Decedent 10a. Stete 10b. County		10c. Cit	ty, Town or Lo	cation					10d Ir	nside City Limits
	4 she	ŏ	Maryland Char	loc		Waldori	c						∑iYes 2 No
	178 PB	Director	10e. Street end Number	Les		waluori	10f. Zip Code				10g. Citizen of	What Country?	
	death with the Maryland ms 23e or 28e-f show Imast be notified at		llll Falmouth	Road			2060	11				d States	
	ma 2	Funeral	11. Maritei Status	12. Was Dec	cedent Ever in U	l,S. 13. V	Vas Decedent of H		gin? (Spe	ecify Yes or No		a - American In	
Maryland 21215-0020	filed within 72 hours after death with the Marylar hybers than "natural", or items 23a or 28a-1 show ant, the Medical Examiner mast be notified at	by Fur	1 ☐ Never Married 2 🔀 Marrie 3 ☐ Widowed 4 ☐ Divorced	Armed F d 1 Tes if Yes, G Yeer or I	2€No ive		Yes, specify Cubs			Rican, etc.)	Specify		1-
ŏ	2 hou	pe	15. Decedent's	Education		16a. Deced	ent's Usuel Occup	ation			16b. Kind of B	D I	ack
215	Medi	Completed	(Specify only highest Elementary/Secondary (0-12)		(1~4or 5+)	(Give I	kind of work done o OO NOT use retired	du <i>ring</i> mos 1)	t of work	ing			
2	d with	E O	Clairie Italy 3 econolis (0-12)	3	(1-401 5+)		Reception	nist			Pr	ivate	
D		Bec	17. Father's Neme (First, Middle, Li	ast)				18. Mothe	er's Name	(First, Middle,	Meiden Suman	ne)	
yla		To	Thomas Tyler]	Ruby	Turner			
ar	CV 10 25 46		19a. Informant's Name/Relationshi	p (Type, Print)		19b. Mailin	g Address (Street	end Numbe	er or Run	al Route Numb	er, City or Town,	State, Zip Code	a)
77.4	ss 1 and of Health litem 27 other tr		Robert L. Musgr	ove, Jr.			Falmouth		d, Wa	aldorf,	Maryla	nd 206	01
o e			20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3	Bemoval from	State 20b. F	Place of Dispos cam <i>etery</i> , crem	sition (Name of netory or other plea	a)	į	Dete	20c. Location -	- City or Town, S	itete
Ē	Pages ment of i		4 □ Donation 5 □ Other (Spe			. Linco	oln Cemet	ery	5/	7/96	Brentwo	ood, MD	
Baltimore,	permit. Pages Department of Important: If It any injury or 9000e.		21. Signature of Funeral Service Li	cansee	1		Name end Addres			ME In			
	20289		John /	Toward	III		4001 Benn					gton, D.	С.
	Physician /Medical Examiner	Je.	Part1. Enter the disease, or c shock, or heart failure. List of immediate Cause (Final disease or condition resulting in deeth)		PIRATO		LURE	9, 300, 53	oardioo (or respiretory e		Inter	roximete val Between et and Death
	ted nsit	ulu		b. PNE	JMONIA								
	and and al-tra	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury			or es e consequ							
8760,	ate be executed hysician and the burial-transit	dicai E	Cause (Disease or Injury that initiated events	c. META			ST CANO	ER					
Õ	ificate g phy as the	0	resulting in deeth) Last		Due to (c	r es e consequ	Jence or):					i	
Box	eath certifice attending pl	2		d									
	death e atte	sicia	Part II. Other significant conditions	s contributing to d	eath but not res	ulting in the un	deriving cause give	en in Part I		23b. Did	tobacco use co	ntribute to the	cause of death?
J.	by th	Physician/M	•							10	and the same of th	3 Probably	
	es the	by										т	
Records,	law requires that the death as been signed by the atter 2 should be detached for u	Completed									an autopsy med?	eveilabie	utopsy findings b prior to ion of cause ?
	0 E B	Mo								10	res 2 No	1 🗆 Yes	2 No
Vital	ysicien: The s certificate director, par	Be	25. Was case referred to medical examiner?					26. Place	of Death	(Check only o	ne)		
01	Physician: rthis certific rral director,	2	1 ☐ Yes 2 No	Hospitel: 1	inpatient 2	ER/Outpatient	3□ DOA Oth	er: 4□ Nu	irsing Ho	me 5 🗆 Resid	denca 6 Oth	ner (Specify)	
		on:	27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Dete (Mon	of Injury oth, Dey Year)	28b. Time of Injury	28c. Injun Worl			28d. Describe	now injury occur	теd	
200	Attending or death. ector: Afte by the fune	cati	2 Accident investiga 3 Sulcide 6 Could no	t he				Yes 2□					
DIVISION	교육들	Certification:	4 ☐ Homicide determin	200. Place	e of injury - At he ing, etc. (Specif	ome, farm, stre y)	et, factory, office		1	City or To	Street end Numb vn, Stete)	per or Hural Rou	le Number,
-	Hospital 24 hours Funeral 1ely filled		29a, Certifier 1 Certifying	Dhyelelen: To the	host of my kee	wledge deeth	cooursed at the time	o data aa	d place	and due to the	seven(s) and my		
	To the Hospital within 24 hours a To the Funeral C	edicai		aminar: On the b	asis of examina ner stated.	tion end/or inv	occurred at the time estigation, in my op	olnion, dea	th occurr	ed at the time,	date end plece,	and due to the	ause(s)
	To the To the comple	Σ	29b. Signeture end title of certifier			11 11 31	29c. License	number			29d. Date signe		Year)
	F		Vichn	bC.3	ema	MO	12	098	6		5-3	- 96	
	(10)		30. Name and address of person with				Print)			-			
	\ \	ď		MD 1328			VE.S.E.	SUIT	E #	302 WA	SHINGT	ON, DC	20032
	Sta Registr		31. Date filed (Month, Dey, Yeer) MAY 07 19:		Registrar's Signa								

DHMH 16 Rev 6/95

MAY 07 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Marceron 8:42 PM trancis Mac /Medical 4b. City, Town, or Location of Death 4e. Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Baltimore City Church and Home Hospital Baltimore If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min.
8. Dete of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Deys Hours 1 € M 2 □ F Yrs 578-56-8114 51 Director 1944 Washington, DC Usuel Residence of Decedent the Marylend 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits orunt: It tam 27 ta marked other than "natural", or frams 23s or 28s-f show Injury or other traumatic evant, the Medical Examinet must be notified at Director 1X Yes 2 No MD Baltimore City Baltimore 10a. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? death with 208 S. Madeira Street 21231 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-iff Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, permit. Pages 1 and 2 should be filed within 72 hours efter c Department of Health and Mentel Hygiene. Important: If Itam 27 is marked other than "natural", or iten any injury or other traumatic event Bleck. White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No þ Specify: 3 Widowed 4 Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Printer Print Shop 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Francis Alloysious Marceron, Sr. Lucille King 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Francis A. Marceron, III 5621 Hawthorne Street, Cheverly, Maryland 20785 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☼ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 5/08/1996 Alexandria, Virginia 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 23a. Pert1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. 4739 Baltimore Avenue, Hyattsville, MD 20781 Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Examiner He patic encephalo
Due to (or es e consequence of): attending physician end for use es the burial-transit thet the deeth certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest P.O. Box 68760, CITTHOSIS Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? 3 3 Probably 4 Unknown 1 Tyes 2 No. Dulmanan signed t disease Records, þ 24b. Were eutopsy findings eveileble prior to completion of ceuse of death? 24a. Wes en eutopsy performed? peen Completed page 2 2 1 No certificate 1 Tyes 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director; Be 25. Wes cese referred to medicel exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: 27. Manner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigetion 1 Neturel 1 Tyes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) May, 03, 0 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) work street, Boutinore Richard 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State MAY 07

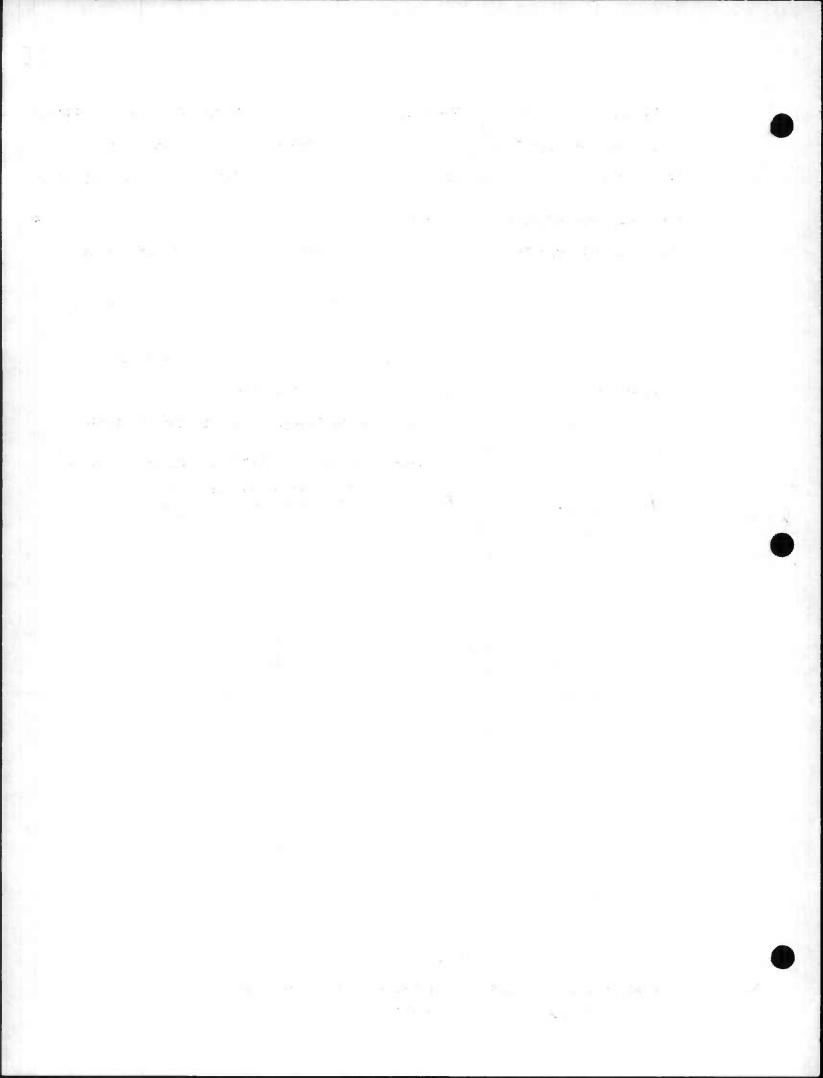
DHMH 16 Bev 6/95

Registrar

and the same of the

State of Maryland / Department of Health and Mental Hygiene

					Certifica	ate of	Death		Reg. No.		. 0 1	00
		1. Decedent's Nema (First, Middle, L	ast)					2. Dete of De	eth	Van	3. Time of	Deeth
Physiciar /Medica		Esther	М.	McGo	owan			Month April	Day 24 1	996	7:45	AM
Examine		4a. Facility Neme (If not institution, g					4b. City, Town, or				, , , , ,	
		1417 Knightsbrid	lge Turn				Crofton		Anne	Arun	de1	
Funeral			Sex 7. Ag	a (In yrs. le		dar 1 Yaar	If Undar 24 Hrs	8. Deta of Bin		T	oleca (Stete o	r Foreign
Director	-	579 01 9186 Usuel Residence of Decedent	1□ M 2☑X	86	Yrs. Month	ns Deys	Hours Min		1 1909		sylvar	
than 'natural', or items 23a or 28a-f show he Medical Examiner must be notified at montaked by Europeal Dispense.		10a. Stete 10b. County		10c. City,	Town or Location					1	0d. Inside Ci	ty Limits
r 28a-f show Inothled at	Š	Maryland Anne A	rundel	Cro	ofton						1 🗆 Yes	2 N O
23a or 28	Funeral Director	10e. Street end Number 1417 Knightsbridg	ge Turn		10f.	Zip Code	21114		10g. Citizen of United		*	
iner.m	Lune	11. Marital Status 1 ☐ Never Married 2 ☐ Married	12. Was Dacedant Armed Forcas?		If Yas, s	pecify Cul	Hispanic Origin? (S pan, Maxican, Puar	Specify Yes or No to Rican, atc.)		ce - Amaric ock, Whita,		
0 5	2	3 Widowed 4 Divorcad	If Yes, Give Year or Dates:		1 ☐ Yes	2/XN0	Specify:		Specif		ite	
naturel', sdical Ex	Be Completed	15. Decedent's I	Education	T	16a. Decedent's U	suel Occu	pation		16b. Kind of B			
Med	De	(Specify only highest g Elementery/Secondary (0-12)	rade completed) College (1-4or 5		(Giva kind of life. DO NO)	work done use retin	during most of wo	rking				
In Man	E	12	College (1-40) S	(+)	Manager	-			Resta	urant		
Important: if item 27 is marked other than any injury or other traumatic event, the Monce. To Be Common	9	17. Father's Neme (First, Middle, Las	t)		, in the second		18. Mother's Ne	me (First, Middle,				
P S C	0	Edward Boes					Emma	Buck				
E E		19e. Informent's Neme/Reletionship	(Type, Print)		19b. Meiling Addre	ess (Stree	t and Number or R		er, City or Town	. Stete. Zip	Code)	
ant: If Item 27 is ury or other tra		Gail T. McGowan			1417 Kn	ights	bridge T	urn Cro	fton Md	. 211	14	
othe	ŀ	20e. Method of Disposition		20b. Ple	aca of Disposition (f	leme of		Date	20c. Location			
ŏ		Burlel 2 Cremetion 3 l			metery, cremetory o			107/06	011	26		
n n	-	4 ☐ Donetion 5 ☐ Other (Spec 21. Signeture of Funaral Sarvice Lice		Kes	surrection		ecery 4;	/27/96	Clinto	n Mar	yland	
any i		Robert E.	neral Home, P.A. 1. Bowie Md. 20715									
100		23a. Part1. Entar the disease, or con	nplications that cause	tha death.	Do not enter the m	oda of dy	Ing, such as cardia	c or respiratory e	rrast,	1	Approximete Intervel Bety	a
sician	-	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errast, shock, or heart feilure. List only one cause on each line. Approximately the mode of dying, such as cardiac or respiratory errast, intervel of the cause of the c										
edical		Immediate Ceuse (Finel	Carr		41 0	04		(1)		į,	unku	
miner		diseese or condition resulting in deeth)	a. Gastro	intu	stinal	- Ph	A	Y		i_	MAGA	CVVTI
-	5			Due to (or	as a consequence of	of):	U	0		į		
ial-transit			b	D	,					<u> </u>		
s the burial-transit	Ž	Sequentially list conditions, if eny, leading to Immadiate cause. Enter Underlying Ceuse (Disease or Injury the infilieted events	Due to (or as a consequence of):									
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e as the bu	2	resulting in deeth) Lest		Dua to (or	as e consequence o	1):				1		
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for to	8											
page 2 should be detached for use	73	Pert II. Other significant conditions	contributing to death be	it not rasul	ting in the underlyin	g cause g	ivan In Part I.		tobacco use co			
9 de		Alzhimit	'4 disco	- SC				10	Yes 2 No	3 ☐ Prot	bably 4 🗆	Unknown
8 4	2									T		
houle	5								an autopsy rmed?	ave	era autopsy fi aileble prior to	0
ge 2 s	2	*1							/	of	mpletion of co death?	ause
rector, page	5							10	ras 2 No	10	∃Yas 2□	No
Be (25. Wes casa referred to medical					26. Place of De	eth (Check only o	ne)	1		
To F		examiner? 1 ☐ Yes 2 ☑ No	Hospital:	nt 2 E	R/Outpatient 3	DOA O	her	ursing Home 5 Residence 8 Other (Specify)				
eral		27. Menner of Deeth	28e. Dete of Injur (Month, Day		28b. Time of Injury	28c. Inju			now Injury occur		.,	
led in by the funera		1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident Investigation										
ال الح	2	3 ☐ Suicide 6 ☐ Could not I	28e. Plece of Inju	ary - At hon	ne, farm, street, fact	orv. offica		28f. Location (Street and Numi	ber or Rura	I Route Num	ber,
le le		4 Homicide	building, etc	. (Specify)		,,		City or Tox				
pletaly fillex		(Uneck only 2 Medical Exa	hysician: To the best of miner: On the besis of	examinetic	ledge, deeth occurre on end/or investigeti	ed et the t	ime, dete end plece opinion, deeth occi	e, end due to the urred et the time,	cause(s) end m dete end plece,	enner es si and due to	teted.)
To the Funeral Director: After his centric completaly filled in by the funeral director. Medical Certification: To Be (-	one) 29b. Signeture end titla of certifier	end menner ste	ted.		On Hear	ee number		20d Date -t-	nd /84n=44	Day Varal	
8		255. Signature end title of certifier	0 11	-	•	_	se number		29d. Date signe			
1		angela	Celle	m)		1)-	41479	7	April 2	6,	1996	
/		30. Neme end eddress of person who	completed cause of de	eth (tem :	23a) (Type, Print)				U			
/		Angela Calle M.	D. 2568 A.	Riva	Rd. Anna	apoli	s Marvla	nd				
State		31. Dete filed (Month, Dey, Yaar)	82. Registra									
		288V A O 100	WAITA COTOL	MOUTON!	WHITE !							



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TEBALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Cept. of Health and Mental Hygiene prior to burial. cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISI	TO THE HOSPITAL OR ATTENI	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: If item 28 Is

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE	OF DEATH		REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		T	3. TIME OF DEATH								
1	T 1 T T M D YEAR																	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH									11:20 A M PLACE (State or Foreign								
	291–16–1304	XXM 2 D F	73 YRS	MONTHS	DAYS HOURS MIN		Day, Year) 4-22	Ohi										
	9a. FACILITY NAME (If not institution, give street			9b. CITY,	TOWN OR LOCATION OF		4-22	9c, COUNT										
E E	3419 24th Avenue																	
18	3419 24th Avenue Temple Hills Prince Geo																	
DIRECTOR	10e. STATE 10b. COUNTY		10c. C	TTY, TOWN OF	LOCATION					10d. INSIDE CITY LIMITS?								
	Maryland Prince	George's	Te	emple 1	Hills					1 X YES 2 NO								
AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?									
H	3419 24th Avenue				2074	8			USA									
FUNERAL	11. MARITAL STATUS	. WAS DECEDENT EVE	R IN U.S. ARMED	13. W	AS DECENDENT OF HIS	PANIC ORIGIN	(Specify Yes		4. RACE	- American Indien.								
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X Y	R DATES		yes, specify Cuben, Mex YES 2 XNO Specific		ican, etc.)	- 1	Specifi	, White, etc.								
			W.W. II							White								
TED	15. DECEDENT'S EDUCATION (Specify only highest grade come)	ON apleted)	18e. DECEDENT (Give kind	'S USUAL OCI	CUPATION uring most of working	16b.	KIND OF BUS	SINESS/INDUS	STRY									
"	Elementary/Secondary (0-12)	ollege (1-4 or 5+)	life. Do NOT	use retired.)														
OMPLET		1	Union	Lather			Const	ructi	on									
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, M	iddle, Maiden	Surname)										
B	John Fra	<u>ancis McDe</u>	ermott.]	I		Helen	Langl	nier										
0	19e. INFORMANT'S NAME (Type/Print)				(Streel and Number or Rui													
-	Jane L. McDermott		3419	24th /	Ave. Temp	le Hil	ls, Ma	arylan	d 20	0748								
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Removal	Irom State	206 PLACE AND DAT	E OF DISPOSIT	ION (Mama of	DATE	20- 10	CATIONI OIL	Tau	O4-4-								
	4 Donation 5 Other (Specify)		Maryland	Vete	can's Cem.	5-10-	9 6 Che1	tenha	m, l	Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE		1 22. N	orge P. Ka	FACILITY												
	· Want I Makes								M.I	207/5								
	6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate																	
	ahock, or haart fallure. List	only one cause or	n aach lina.				от от годра	atory arroa		Interval Between								
	IMMEDIATE CAUSE (Finel disease or condition	Car.		11	0					Onset and Death								
	disease or condition resulting in death) a. Corcumana of the Pavereas Due to (or as a consequence of):																	
1 1	resulting in death) a	DUE TO (OR A	S A CONSEQUENCE	OED:			DUE TO (OR AS A CONSEQUENCE OF):											
	reaulting in death) a	DUE TO (OR A	S A CONSEQUENCE	OF):						2 months								
NOI	Sequentially list conditions, b									Mujury								
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		S A CONSEQUENCE							C MIGHT WZ								
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR A		OF):						O Miljur uz								
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE	OF):						O Milar ng								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE	OF):						O MILIUM IN 2								
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):			24a, WAS AN			WERE AUTOPSY FINDINGS								
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EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions conditions conditions.	DUE TO (OR A	S A CONSEQUENCE S A CONSEQUENCE	OF): OF): g in the und	erlying ceuse given	in Part I.	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO								
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FOR STATE



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						(Certifica	le or	Deam			Reg. No.			
	Physic /Medi		Decedent's Nema (First, Mic	RAYMONI		E MARINE	R				2. Dete of De Month MAY	Dey 7	Yeer 1996	3. Time of Death	
	Exami	ner	4a Fability Name (III and Institution also stands and a control							wn, or L HEBR	ocation of Deal	4c. County of Deeth WICOMICO			
33	Funeral Director		5. Social Security Number 221-14-6032	6. Sex 1X M 2□ F	7. Ag	e (In yrs. last birth 70 y	Months	Deys	If Undar Hours	24 Hrs. Min.	8. Data of Bi (Month, D	8. Data of Birth (Month, Dey, Year) 4/17/26 9. Birthplace (Stein Country) 4 DELAWA			
	Marylend a-f show	tor	Usuel Rasidence of Decedent 10a. Stete 10b. Cour MARYLAND W	VICOMICO		10c. City, Town	or Location		HEBRO	ON			1	0d. fnslde City Llmits	
	23a or 28	rai Director	10e. Street end Number 206 E	BRADLEY ST	REE T	Γ	10f. Zi	p Code	21830)		10g. Citizan of	What Cour		
020	72 hours effer deeth with the Manyland natural; or items 23a or 28s-1 show iteal Examiner must be notified at	by Funeral	11. Maritai Status 1 ☐ Never Married 2∑ Maried 3 ☐ Widowed 4 ☐ Divorce	If Yes C	Forces? 2 🗆 I Bive		13. Was Dece If Yes, spe 1☐ Yes				pecify Yas or No Ricen, etc.)	14. Re Bla Specii	ce - Americ ck, White, y:		
0200-61212	within ene. then	Completed	15. Deced (Specify only high Elementery/Secondery (0-12 8	ent's Education hast grade completed) College			ecedent's Usu Give kind of wi fe. DO NOT u	ork done ise retire	patlon during mos d) FARM		king	16b. Kind of B	usiness/Ind		
Maryland	htal Hyg d other svent,	To Be Co	17. Father's Neme (First, Middl	e, Last) HARRY MA	RINE	ER	100		18. Mothe	er's Nem		, Malden Sumer NDANIEL		.KI	
	and 2 sho		19e. Informent's Name/Reletio JOSEPHINE MAR			206	BRADLE	Y ST			, MD. 2				
Baltimore,	nit. Pages 1. artment of He ortant: If flem injury or oth		20e. Mathod of Disposition 1 ☒ Buriai 2 ☐ Cremation 4 ☐ Donetion 5 ☒ Other	(Specify)	n Steta	20b. Place of I cemetery MARYLA	oremetory or ND VETE	RANS	S CEM.	- 1		20c. Location HURLOCI	K, MA	RYLAND	
pa	Departingor Impor any ir		21. Signaturia of Fungral Service	1 Min						FR	ANKFORD	NERAL SI		ES	
	Physician /Medical Examiner	ner	23a. Part I. Effect the disease shock, or heart failure 1 Immediate Ceuse (Final disease or condition resulting in deeth)	θ	eech lii	Due to (or es e co	u	Ar	7		or respiretory e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Approximete Intarvel Between Onsat and Death	
2	eeth certificete be executed ettending physician and I for use as the buriel-transit	in/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in daeth) Last	6. <i>Ch</i>	ron	Due to (or es a co	Truc	Tim.	Pa	ln	may	dises	2l		
	the d	Physician	Pert II. Other significant condi	¥		ut not resulting In t	ne underlying	causa gh	ven in Pert f	l.		tobacco use co	ontributs to	the cause of death	
	requires been sign should be	Completed by	Sicep	TNEO								en eutopsy ormed?	ev	ere eutopsy findings alleble prior to mpiation of cause death?	
= '	The ate h	Be Com	25. Wes case referred to medic	cel					26. Place	of Deel	1 [Yes 2 No		Yes 2 No	
Vision	Attending Ph er death. ector: After th by the funerel	Certification: To B	3 ☐ Suicida 6 ☐ Coui	28e. Dete (Mon stigetion d not be mined 28e. Plea	nth, Deg	y 28b. Tir	ne of Iry M	28c. Injui Woi 1 🗆	ner: 4 🗆 Nu	irsing Ho	28d. Describe	idence 6 Ott how Injury occu	rred	y) il Route Number,	
	To the Hospital or within 24 hours eftu To the Funeral Dir completely filled In	edical	29a, Certifier (Check only one) Certify 2□ Medica	ring Physician: To the instance of the land median	basis of	exemination end/	eeth occurred or Investigetion	et the ti	me, dete en oplnion, dee	d place, th occur	end due to the red et the tima,	ceuse(s) end m dete end plece,	enner es si end dua to	teted. o tha cause(s)	
	. A	M	29b. Signeture and the of certif	200	-	5		0	192	89		29d. Date signe	7/9	1	
	Sta	ite	30. Neme end address of person 31. Date filed (Mouth, Day, Yea	! Raak	2 Fledistre	eeth (Item 23e) (To		BOK	26	36	Sal	is buy	, me	21501	

A AND A MARKET

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68769

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (FIRST, MIDDIO, LOST) MARIE ELEANOR	NEIS	oN		2. DATE OF OEATH MONTH MAY	2 19	3. TIME OF DEATH					
	218-18-7445 1□ M 2 🖾 F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 1 19	23 MA	BIRTHPLACE (State or Foreign Country) RYLAND					
DIRECTOR	9e. FACILITY NAME (If not institution, give street end number) JOHN DEATON RESIDENCE OF DECEDENT		ALTIMOR	R LOCATION OF DEA	АТН	9c. COUNTY OF DEATH CITY						
E	10a. STATE 10b. COUNTY	10c, CITY, 1	OWN OR LOCATE	ION			10d. INSIDE CITY					
	MARYLAND ANNE ARUNDEL 10a. STREET AND NUMBER		CHTON	ZIP CODE			LIMITS? 1XX YES 2 \(\square\) NO					
FUNERAL	1220 CHESAAPEAKE DRIVE			20733		OF WHAT COUNTRY?						
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EVER. FORCES? 1 YES 14. Widowed 4 Divorced	2 X NO	If yee, spe-	ENDENT OF HISPANI city Cuban, Mexican 2 NO Specify:	C ORIGIN? (Specify Yo, Puerio Rican, etc.)	ns or No— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK					
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during mos etired.)	N t of working	16b. KIND OF BU	JSINESS/INDUST	TRY					
COMPLET	6th 0	HOMEMAKEI	R	18 MOTHED'S NAM	OW]							
ОШ	SAMUEL J. GARNETT					i Sumame)						
TO B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AC	ORESS (Street an		STANLEY oute Number, City or To	vn, State, Zip Cod	16)					
	LEROY JOHNSON	1220 CF	IESAPEA	KE DR. CH	URCHTON.	MD. 20	733					
	1 ☐ Buriel 2 ☑ Cremation 3 ☐ Removal from State Cel	b. PLACE AND DATE OF I metery, crematory or other IETRO CREMA	plece)	ne of		T.TTMOR	77					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LIM DEECE CONSCINORED THAN ADDRESS OF FACILITY											
	Harry 1. Le	eal	821 WI	EST ST. A	NNAPOLTS.	MD. 2	1401					
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart fellure. List only one ceuse on eech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CHLOSIC OBSTRUCTIVE PULMONARY DIS DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algorificant conditions contributing to deeth be	out not resulting in t	he underlying	cause alves le P	ert I. 24a, WAS AI	Laternan						
MEDICAL		NEVMON		couse given in P		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
N: M	DID TOBACCO USE CONTRIBUTE TO CAUSE C	OF DEATH YES	Ø NO □	UNCERTAIN			1 TES 2 NO					
N.	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH										
Sic	1 YES 2 NO HOSPITAL:		THER: Nursing Home	5 Residence 8	Other (Specify)							
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
0	- Hectoria	f — At home, ferm, stree	et, fectory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETE	29e. CERTIFIER (Check only one)											
8	2 MEDICAL EXAMINER: On the beets of examination	en end/or investigation, is	n my opinion, des	ath occured at the ti	me, date end place, e	nd due to the cei	use(e) end menner ee stated.					
O BE	296. SIGNAFURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Your) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Your) 32. DECISIONAL SIGNATURE 33. DATE FILED (Month, Day, Your) 34. DATE FILED (Month, Day, Your) 35. DATE FILED (Month, Day, Your) 36. DATE SIGNAFURE 37. DATE FILED (Month, Day, Your) 38. DECISIONAL SIGNAFURE											
Ē	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pril	5, (CHARLE	5 ST. 1	Action	RE MO 21230					
	31. DATE FILED (Month, Day, Your) MAY 1 0 1996 32. REGISTRAR'S SIGNATURE Anderes											

State of Maryland / Department of Health and Mental Hygiene 96

_							Cer	tificate	of	Death			Reg. No.			
	Dhusiai	an	Decedant's Nama (First, Midd	la, Last)								2. Data of D Month		Year	3. Tima of Death	
d	Physici /Medi		GREGORY BRUC	E NULPH							4	APRIL	28°	1996	5:50PM	
3	Examir		4a. Facility Nama (If not institution	n, giva straat and	n <i>u</i> m <i>bar)</i>					4b. City, To	wn, or Loc	ation of Daa	f Daath 4c. County of Death			
			National Institutes of Health-Clinic						tr	Beth	esda		Mont	gomery	y County	
	Funeral		5. Social Security Number	6. Sex		a (In yrs. last birti	hday)	If Undar 1 Months	Yaar Days	If Undar Hours	24 Hrs. Min.	8. Data of B (Month, D	irth	9. Births	place (State of Foraign. htry) GTOVE CI	
	Director		202-58-6238	1 XX M 2□ F	3	10 Y	rs.	MOHITS	Days	nouis	A.	ugust	6, 196	5 Penr	nsylvania	
	p .		Usual Residence of Decedant													
	ahow ad at		10a. Stata 10b. County			10c. City, Town								1	10d. Insida City Limits	
	W W	Ş	Pennsylvania Merce	er		Wolf Cr	eek	Townsh	ip						1 ☐ Yas 2 ☒ No	
	with the Marylar a or 28a-f show be notified at	Director	10e. Street and Number					10f. Zip (Coda				10g. Citizan o	What Cour	ntry?	
	th wil	al C	1572 Sandy Lake F	Road				16	133				United St	ates o	f America	
	filed within 72 hours after death with the Maryland Hygiena. If the then "natural", or flerne 23a or 28a-f show ent, the Medical Examiner must be notified at	Funeral	11. Marital Status	12. Was D	acedent E	Evar In U,S.	13. W	as Deceda	nt of H	Ilspanic Ori	gin? (Spe	cify Yas or N Rican, atc.)	o- 14. R	ace - Amaric		
0	or h		1 ☐ Nevar Married 2 🖾 Mar	rled 1 🕅 Ya	s 2 1 N	lo		□ Yas 2		Specify:	i, r dailo r	nican, arc.)		lack, Whita,	atc.	
02	S SE	by	3 ☐ Widowed 4 ☐ Divorced	Yaar o	r Datas:	Active	'	LITAS 2	טאו נע	Specify.			Spec	Whi	te	
2-0	72 hours natural',	Completed	15. Decedar (Specify only highs	it's Education	od)	16a.	Decede	ent's Usual	Occup	ation	t of workin	19	16b. Kind ot	Businass/In	dustry	
2	F	Pg.	Elementary/Secondary (0-12)		(1-4or 5	+)	lifa. D	O NOT use	ratire	during most d)	t of works	9	United S	tates		
21	d withing on the state of the s	5	12				і сор	ter Cr	ew C	Chief			Air Ford			
P	0 = 0 5	Be (17. Fathar's Nama (First, Middla,							18. Mothe	er's Nama	(First, Middle	a, Maidan Sumi	ama)		
/a	Alenta Alenta de Carte de Cart	To	Wallace Bruce Nul	ph						Virg	inia L	. Allen				
ar	12 should be filed within h and Mental Hygiena. I is marked other than ° traumatic event, the Men		19a. Intormant's Name/Ralations	ship (Type, Print)		19b.	Mailing	Address	Street	and Numbe	er or Rura	Routa Num	ber, City or Tow	n, Stata, Zip	Coda)	
Σ	alth a		Rachel Hough	Wi	fe	10	09 A	pple W	ау,	Grove (City,	Pennsy1	vania 16	5127		
re	of February		20a. Mathod of Disposition		20b. Place of cematary	Dispos	ition (Nam	a of	re)		Data	20c. Location	1 - City or To	own, Stata		
Ë	aga ent o nt: if		1 🖾 Burial 2 🗆 Cramation 4 🗆 Donation 5 🗆 Other (S		m Stata						⊥Ma i 1	y 3, 996	Grove Ci	ty, Pe	nnsylvania	
Baltimore, Maryland 21215-0020	permit. Pagas 1 and 2 should by Department of Health and Ments Important: if Item 27 is marked any Injury or other traumatic ev		4 Donation 5 Other (Specify) Crestview Memorial Park 21. Signatur of Funaral Sarvice Licensea #M00690 22. Nama and Addrass of								1330					
B	Dep June		Cunningham Funeral Home, Inc.													
) _			Noware	MO	,									/lvania		
			23a. Part1. Enter the disease, or shock, or heart failure. List	only ona causa of	n aach lin	tha daath. Do n na.	ot anta	r tha moda	or ayır	ng, such as	cerdiac o	raspiratory	arrast,		Approximete Interval Batween Onsat and Death	
	Physician /Medical		Immediata Causa (Final disassa or condition resulting in deeth) a.									ŀ	Oriotal and Doddin			
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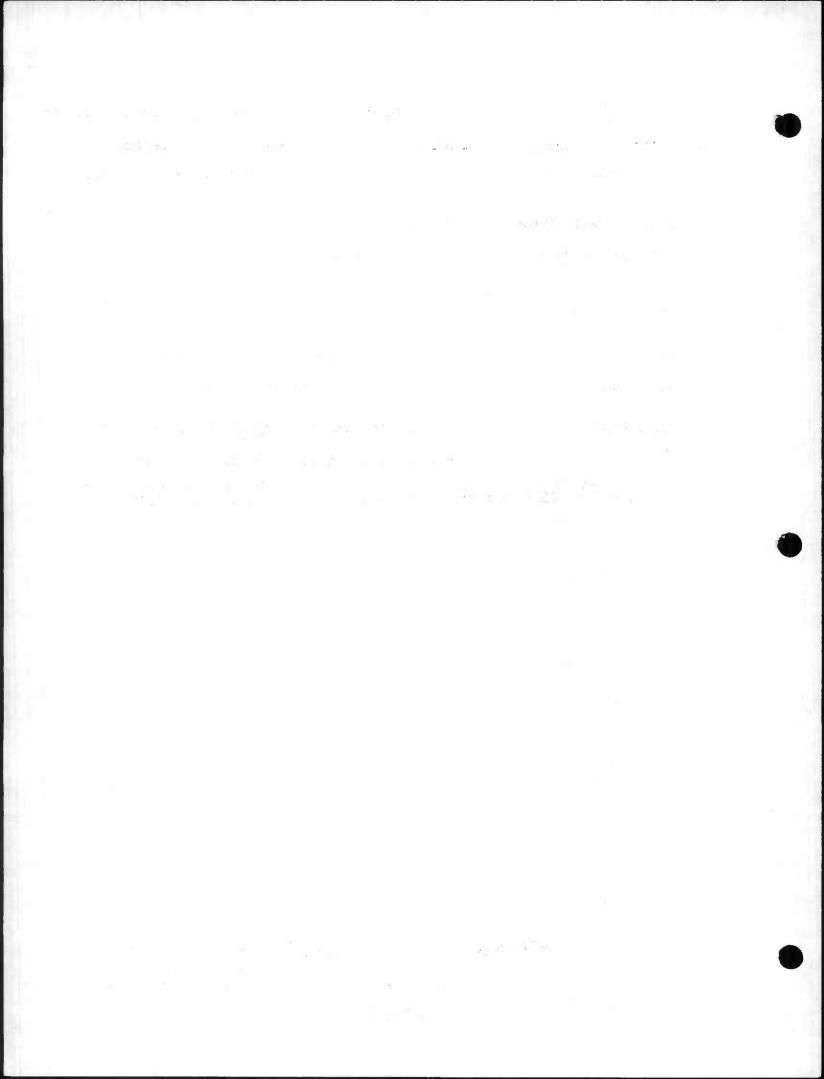
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Baltimore,	permit. Page: Depertment or Important: If I any Injury or once.		21. Signeture of Funeral Service	Licensee		22 E-1	. Name en	d Addre	ss of Fecili	ity FFNI	RETN &	NEW	Dey Yeer 4 1996 7:30 4c. County of Death Talbot ar) 9. Birthpleca (Stete or For County) MARYLAND 10d. Inside City Lingty Yes 2 Citizan of What Country? USA 14. Race - Amarican Indian, Black, White, etc. Specify: WHITE Kind of Business/Industry ARYLAND STATE IGHWAY (en Sumeme) Yor Town, Stete, Zip Code) TON, MD 21601 Location - City or Town, Stata DRDOVA, MD EWNAM FUNERAL For State DRDOVA, MD EWNAM FUNERAL For State DRDOVA, MD EWNAM FUNERAL For State DRDOVA, MD Approximate Intarval Batweer Consat and Death Approximate	T. HON		
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ā	10 40	Certification:	4 Homicide	building, et	c. (Specify)						City or Tol	vn, Steta	,			
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State of Maryland / Department of Health and Mental Hygiene

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	€ 6	Director	10e. Street end Number				10f. Zip Code			11	21 131111 141	What Cour	itry?	
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	ter des Items	Funeral Director	11. Marital Status	ied ŽXMarried	12. Was Decedant B Armed Forces? 1 Yas 2 N		13. W	as Decedant of ras, specify Cu	ban, Maxica	n, Puarto i	Rican, atc.)	Bia	ck, Whita,	ean Indian, atc.
21215-0020	filed within 72 hours after death with the Maryland thygiene. thet then "natural", or frems 23a or 23a-f ahow ort, the Medical Example Court by notified at	by	3 Widowed	_	If Yas, Giva Yaar or Datas:	•0	1(□Yas 2. AN	Specify	r:		Specify	Whi	te
5-0	72 hours "natural",	Completed	(Spec	15. Decedant's E		1	6a. Deceda (Giva ki	nt's Usual Occu nd of work done O NOT use retir	upation a during mos	st of workin	ng	16b. Kind of B	usiness/in	dustry
121	y within jiene. r then	mpi	Elementery/Seco	ondery (0-12)	Coilege (1-4or 5	+)		o <i>NOT use retir</i> ashier	ed)			Dru	g Sto	re
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an	sh man		19a. Informant'a Na			1	-					er, City or Town,		
	Heelth Heelth Sem 27 I		Robert	Parnell,	/Husband			A	eake A	venu	e Annap	olis, M	D 214	+03
ore	S 2 T		20a. Mathod of Dis		□Ramovai from Stata	cema	atary, crame	tion (Nama of tory or othar pl			Data	20c. Location -		
E	ment ant:		4 Donation	5 Other (Spec	ify)	Ceda	r Blui	f Ceme	tery M	lay 1	5 1996	Annapo	lis,	Maryland
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Senature of Fe	Service Lice	ensaa									Home, Inc.
	00340		DA	MANY									lis,	MD 21401
			23a. Part1. Entar to shock, or haa	ha disaas e, or ser rt fallura. List only	Aplications that causad y ona causa on aach iin	tha daath. D	o not antar	tha moda of dy	ing, such as	s cardiac o	r respiratory e	rrest,		Approximate Interval Batween
	Physician /Medical		Immediata Causa	(Final	0 ,	1							-	Onset and Death
	Examiner		disaasa or conditio rasulting in daath)	'n				2100	An	ein	on	-		
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ox 6	n certificate be executed anding physician and use as the buriel-transi	n/Medical			d									
Bo		clan											i	
P.O.	thet the death	Physicia	Part II. Other signif	icant conditions	contributing to death bu	ut not rasulting	g In tha und	iarlying causa g i	ivan in Part	1.				the cause of death?
σ,	requires thet the death sen signed by the etter hould be detached for i	by Pi		DW	1,00	10	5	400	Hu	no	Q 10	Yes 2 No	3 Pro	bably 4 Unknown
Records,	w requires that been signed t should be det	De De			•		1 '	· · ·		•		an autopsy	24b. W	ara autopsy findings
00		Completed									pend	med?	CO	allabla prior to mpletion of cause deeth?
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of Vital	ian: rtifica	Bec	25. Was casa rater	red to medical					26. Plac	a of Death	(Check only o	ona)		
>	> 00	10	axaminar? 1 ☐ Yas 2 ☐ Y	No	Hospitai: 1 ☐ Inpatia	nt 2 ER/	Outpatient	3□ DOA O	ther: 4 🗆 N	ursing Hor	na 5 Rasi	dence 8 Oth	ar (Specif	y)
5	ng Ph fter th ineral		27. Mannar ot Death	h 5 ☐ Panding	28a. Data of Injur (Month, Day	Year) 281	b. Tima of Injury	28c. Inje	ury at ork?	2	28d. Dascribe	how injury occur	red	
Sio	Attending in death.	cati	2 ☐ Accident 3 ☐ Suicide	Invastigation	he -				Yas 2					
Division	or At offer of Direct in by	E I	4 Homicide	datarmined	28a. Place of Inju	ıry - At homa, :. <i>(Specify)</i>	, farm, strea	t, tactory, office	a	2	28f. Location (City or To	Streat and Numb vn, Stata)	ber or Rura	al Routa Number,
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	24 h 24 h Fun etely	edical Certification:	(Check only /	2 Medical Exa	hysictan: To the best o miner: On the besis of and manner sta	axamination	and/or inva	stigation, in my	opinion, das	ath occurre	ed at tha tima,	data and place,	and dua to	tha cause(s)
	To the Hospital or Attending I within 24 hours efter deeth. To the Funeral Director: After completely filled in by the funer	Me	29b. Signatura and	titla of certifier	4			29c. Licar	nsa number			29d. Data signe	d (Month,	Day, Year)
	- > - 0		DIA >	7/1/ ()a	les			X	21/7	1100		51	11	71
		1	30. Nama and addr	ass of person who	complated cause of da	aath (Itam 23	a) (Type, Pi	int)	7 1	2		7		
			DASB	5	. 600	121	170	IE LY		A	175	ANNY	7020	23
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	Registr	al 💮	5.00								,			

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Dey **Physician** 1996 William Eugene Ferrar PADGETT Sr. 4b. City, Town, or Location of Death /Medical 3:58P 4e. Facility Neme (If not institution, giva street and number) 4c. County of Deeth **Examiner** DOCTORS HOSPTAL LANHAM PRINCE GEORGES If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Year 9. Birthplace (State or Foreign **Funeral** Months Days **½**M 2□ F Hours 579 20 1145 Washington 73 JAN. 5, 1923 Director Usuel Residence of Decedant with the Marylend 10a, Steta 10b. County 10c. City. Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director MD. PRINCE GEORGES LANHAM 1 Tyes 2 □ No 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? "natural", or items 23a or 7608 FINNS LANE 20706 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 △ Yes 2 ☐ No 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Reca - Amarican Indien, 11 Marital Status Bleck, White, etc. filed within 72 hours efter Hygiene. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1□ Yas 2□No Specify: Specify: WHITE þ 3 Widowed 4 □ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT use retired) Elementery/Secondery (0-12) 1 2 College (1-4or 5+) TESTMAN C&P TELEPHONE other 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Sumeme) permit. Peges 1 and 2 should be file Deportment of Health end Mental Hy Important: If Item 27 is marked othany Injury or other traumatic event LESTER EUGENE PADGETT **GWENDOLYN** MARY FERRAR 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) CHARLEEN DIGGS 121 FRANKLIN AVE., SILVER SPRING, MD. 20b. Plece of Disposition (Neme of 20e. Method of Disposition Dete 20c. Location - City or Town, Stete cemetery, cremetory or other plece) Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete George Washington Cem. May 13,1996 Adelphi, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Sarvice Com-22 Name end Address of Fecility
TAKOMA FUNERAL HOME INC 254 CARROLL ST Luc N.W. WASHINGTON, D.C. 20012 23a. Pert1. Enter the disaasa, or complications that caused the daath. Do not anter the mode of dying, such as cardiac or respiratory errast, shock, or have failure. List only ona cause on again line. Approximeta tntarvel Between Onsat and Death Physician Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medicai Examiner Examiner attending physician and for use as the buriel-transit certificate be executed Sequentially list conditions, if any, laeding to Immediata cause. Enter Underlying Cause (Disease or Injury Box 68760, Physician/Medical thet initieted events resulting in death) Last P.0. the s Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b Did tobacco use contribute to the cause of death? Š 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Division of Vital Records, þ 24b. Were eutopsy findings avelleble prior to completion of cause of daath? Completed 24a. Wes en eutopsy performed' has 2 No certificate 1 ☐ Yes 1 □ Yes 2 □ No 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Othar (Spacify) 1 Yes 2 No Inpatient Medical Certification: To 2 ER/Outpatiant 3□ DOA this 27. Menger of Deeth Date of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred After t Attending 1 Neturel 5 Pending investigation deeth. 1 ☐ Yes 2 ☐ No ne Hospital or Attandi n 24 hours after death we Funeral Director: A 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) à 4 Homicide 29s. Certifier To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of praminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the date and manner stated. (Check only end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) To the within 2 29b. Signature and title of certifier delle

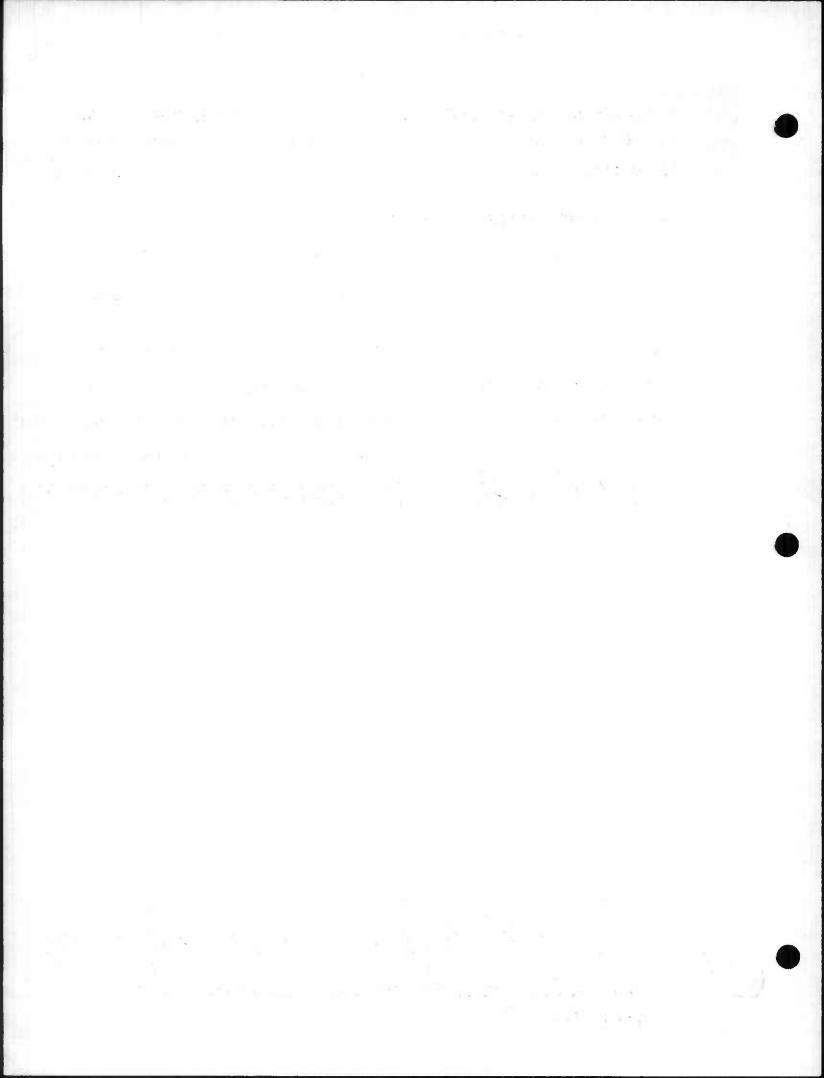
State

31. Dete filed (Month, Dey, Yeer) MAY 1 U 1996 Registrar

Thomas G.

4814 71st Avenue, Hyattsville, MD 20784 2. Registrar's Signature

30. Name and eddress of person who completed cause of death (Item 20a) (Type, Print) Maloney M.D.

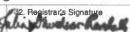


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Tima of Death **Physician** APRIL 30% 19 96 4:20 PM PARKER PHYLLIS RENEE /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 1828 METZEROTT APT. Prince Georges 203 ADELPHI If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplaca (Stata or Foreign Country) **Funeral** Days Hours 1 ☐ M 2 😿 F Yrs. Director 579-92-2817 Dec. 16, 1961 Wash., DC Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show edical Examiner must be notified at TV Yes 2 □ No Prince Georges Adelphi Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1828 Metzerott Rd. #203 20783 USA death Funeral 12. Wes Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. filed within 72 hours aftar Hyglana. 1 Nevar Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2√2 No Specify: þ Specify: 3 Widowed 4 Divorced Black permit. Pagas 1 and 2 should be filed within 72 h. Department of Haalth and Mentel Hyglana. Important: If itam 27 is marked other than "natur any injury or other traumatic event, the Medical once. Completed 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast greda completed) Elementery/Secondery (0-12) College (1-4or 5+) United Communications Secretary System 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Robert Parker P Dolores Hebron 19e. Informent'e Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) Dolores Parker 2008 Evansdale Drive, Adelphi, MD 20783 20b. Placa of Disposition (Neme of cametery, cremetory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 N Buriel 2 □ Cramation 3 □ Removel from Stete 4 Donation 5 Other (Specify) Ft. Lincoln Cemetery 5-6-96 Brentwood, Maryland 22. Name and Address of Facility
Marshall's Funeral Home, Inc. 21. Signeture of Funaral Service Licanses Mara 4217 9th St. N.W., Wash., DC 20011 23a. Plant the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feliure. List only one cause on each line. Approximeta Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) . STRANGULDON, BLUNK FORG TRAUMS AUP Examine Examiner STABWOUND TO NOCK physician and the burial-transit law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Csuse (Diseese or Injury that initiated events resulting in deeth) Lest Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Ician/Medical Due to (or as a consequenca of): 88 usa for signed by the a d be datached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Physi 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveileble prior to completion of cause of desth? 24e. Wes en eutopsy performed? Completed certificate hes t lirector, paga 2 s 1 Ves 2 No 1 ☐Yes 2 ☐ No Attanding Physician: Be 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 NesIdenca 6 Othar (Specify) 1 X Yes 2 No this STADBED 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Tima of 28d. Describe how Injury occurred 28c. Injury et Work? Aftar 1 Neturel 5 Pending SUBJECT STRAINING , IS COPEN AND daath. 1 Yes 2 No investigetion FOUND430-016 FOULD 14 00 PM 2 Accident after deat Director: 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 1828 HETZENOTT PMNE (EDILESHO) in 24 hour.
the Funeral Directory 4 Homicide 5 MESINEWIE Hospital 24 hours a 29e. Certiflei 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated. To the Hosp within 24 hor To the Fune complataly fi (Check only one) 2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and menner stated. 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) MAY 01, 1996 Oure O.C.M.E.

6 State Registrar

HOMPNOS 1.1601EU 31. Dete filad (Month, Dey, Year) MAY 06

30. Name end eddress⁰ of person who completed cause of deeth (Item 23e) (Type, Print)



111 Penn Street, Baltimore, Maryland 21201

which was to the way to be

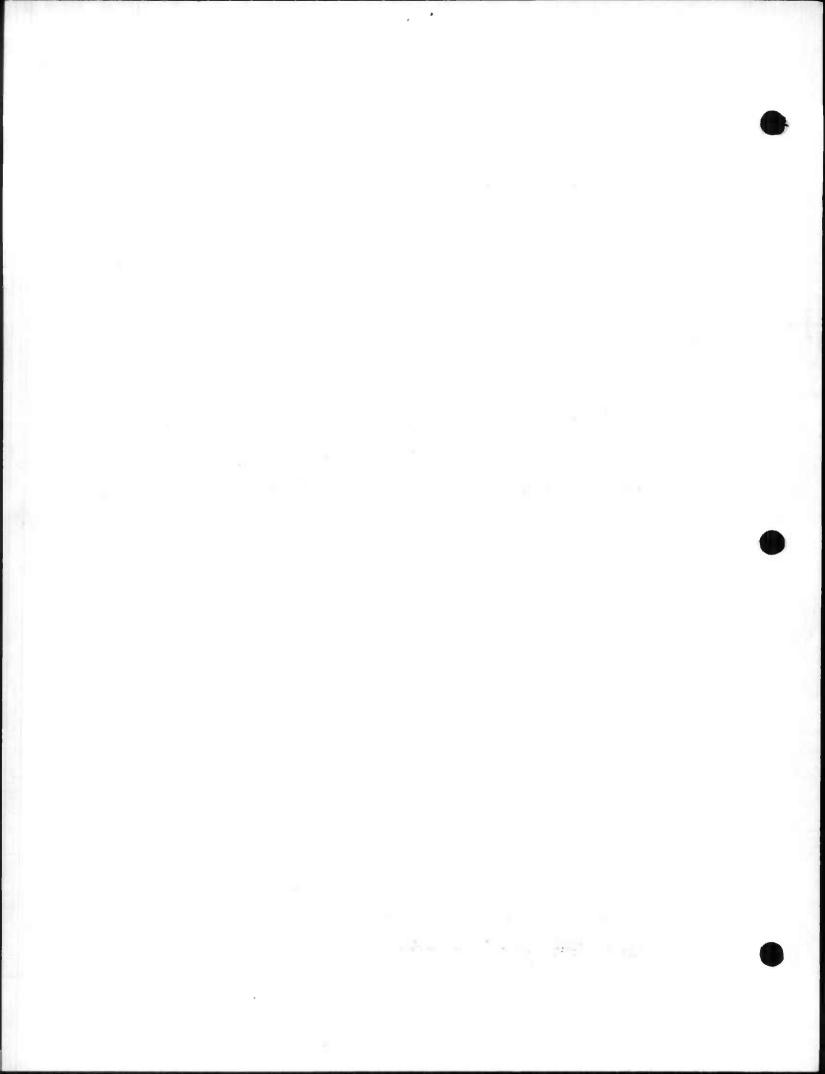
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within as hours after death. Page 6 may be retained by the hospital or attending	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	
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w requires that the death certificate be executed within	3	pt. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760 C BALTIMORE, MARYLAND 21215-0020

physician. burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the four in the forest. Page 6 may be retained by the shoot TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND M	ENTAL HYGIEN		. 0 / / 0		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
- 0	Mary T	Perrygo				May 7	1996	6:35 P. w		
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	DAY 1996 1996 1910 Mary 1910 Mary Sc. COUNTY OF DIST. Mar: 10g. CITIZEN OF W. U.S.A. 10g. CITIZEN OF W. U.S.A. 10g. CITIZEN OF W. U.S.A. 10g. CITIZEN OF W. U.S.A. 10g. CITIZEN OF W. U.S.A. 10g. CITIZEN OF W. U.S.A. 14. RACE Black Specific Speci	HPLACE (State or Foreign		
3	579-03-8002 9a. FACILITY NAME (If not institution, give :		5 YRS.			July 17, 1	1910 Mar	vland		
œ	ST. Mary's Nursir	or Center		Leonard	DR LOCATION OF DEAT	тн	1			
6	RESIDENCE OF DECEDENT			reollard	LOWII		Si. Mai	y s		
DIRECTOR	Maryland St. N	Mary's	-	eonardto				10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER	lary S			ZIP CODE			1 TYES 2 NO		
FUNERAL	Rt. 3, Box 30-B			101	20650					
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No.— 14, RAC	E — American Indian,		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	ecify Cuban, Maxican, 2 NO Specify:	Puerto Rican, atc.)		ok, white, etc.		
	15. DECEDENT'S EQU	ICATION	18. DECEDENT'S	USUAL OCCUPATION		401 8000 00 000				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	vork done during mo	st of working	166. KIND OF BUS	SINESS/INDUSTRY			
린	8	College (I-U ST)	Homema	ker)wn Home			
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME	E (First, Middle, Maiden	Sumame)			
BE	Louis Leibold					ilverson				
2	19e. INFORMANT'S NAME (Type/Print)					ute Number, City or Town				
	Charles L. Perryg		PLACE AND DATE							
	1 Donation 8 Other (Specify)	ioval from State	letery, cremetory or of	her place) as Enis	Church (Om 5/11/0	CATION — City or T	own, State Hills Md		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	• Darnab	22. NAME AN	ID ADDRESS OF FACIL	LITY		milis, rid.		
	than P.	Kalen				s Funeral		(1.007/5		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dving, such as cardiac or reentratory errest.										
	Mock, or heert failure.	List only one ceuse on e	ech line.			0 \		Interval Between Onset and Death		
	disease or condition resulting in death)	· CON	dio	Regol	1 atem	y fee	Melle	2 +9.11		
i	SC-MARK MAN	DUE TO (OR AS A	CONSEQUENCE OF	7:		1		-		
NO NO	Sequentially list conditions,	bOUE TO (OR AS A	CONSEQUENCE OF	n.						
CAT	If any, leading to immediate cause. Enter UNDERLYING		-3011							
F	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ŋ:						
CERTIFICATION	resulting in death) CAST	d								
A	PART II. Other significant condition	ns contributing to death b	ut not resulting i	n the underlying	ceuse given in Pa			. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC						_ 1 _ YES 2		OF DEATH?		
ME						_		1 - YES 2 - NO		
AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL				UNCERTAIN					
Sic	EXAMINER?	HOSPITAL:	28. PLACE OF DEAT	OTHER:						
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIM		B 5 Reeldenca 8	Other (Specify)	FILIBA OCCUBEO			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	JRY WO	RK? 'ES 2 NO					
100	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, office	2	ter. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
	4 Homicide determined					ony or rown, outly				
COMPLETED	29a. CERTIFIER 1 KCERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurre	d at the time, data	and place, and due to	the cause(s) and man	ner es atated.			
8			and/or investigation	n, in my opinion, de	eath occured at the tin	ne, date and place, end	due to the cause(s) and manner as stated,		
BE	296. SIGNATURE AND TITLE OF CERTIFIED	1 2 4	1115		29c. LICENSE NUMBE	ER	29d. DATE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAME OF DE	ITH (ITEM 27) /Time	Print)	D3347	0	5 8	14.6.		
	Bhasker A. Jhave	- 11			ite 1030.	. Lexingto	on Park.	Md.20653		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			,				
	MAY 9 9 1996	Jahn attended	whenlall							
	2702 77									



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 15777 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month KATTE C PARKER
4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deaths 4c. County of Death 3:19pm DOCTORS COMMUNITY HOSPITAL LANHAM PRINCE GEORGE'S CO. If Undar 24 Hrs. Birthplece (Steta or Foraign Country) 5. Social Security Number 7. Age (In yrs. last birthday) If Undar 1 Year 8. Data of Birth (Month, Day, Year) Months Deys Hours Min 1□M 2/2 F 216-40-8255 Yrs 58 04-29-38 Maryland Usual Rasidance of Dacedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Prince George's Glendale 10e. Street end Numbar 10f. Zip Coda 10g. Citizan of What Country? 12311 Annapolis Road 20769 USA Race - American Indian, Black, Whita, atc. 12. Wes Decedant Evar in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Ricen, etc.) 11. Maritel Stetus 1 Navar Marriad 2 X Married ∏Yas 2∭ No f Yas, Giva 1 ☐ Yas 2 ☑ No Specify. lf Yas, Giva Yaar or Datas: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highest greda complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coilege (1-4or 5+) Cook Private 8th 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Charles Wright Henrietta Pindell 19a. Informant's Name/Ralationship (Typa, Print)
Robert Parker/Husband 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 12311 Annapolis Road, Glendale, MD 20769 20b. Place of Disposition (Nama of cematary, crematory or other place)
Harmony Memorial Pk 5/11/96 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Deuriai 2 Cramation 3 Ramoval from Stata Landover, MD 4 ☐ Donation 5 ☐ Othar (Spacify) 22. Nama and Address of Fecility
J. B. Jenkins Funeral Home 21. Signeture of Funaral Sarvice Licenses Kimberry CBC 7474 Landover Rd, Landover, MD 20785 23a. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batween Onset and Death Immediata Causa (Final disaasa or condition rasulting in daath) · CARDIO PULTUNARY BRREST MINUTER Dua to (or as a consequence of). SERSIS OAYS Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated events.) Dua to (or as e consaquance of): · ENDOCARDITYS UEBKS that initiated events Dua to (or as a consequence of) resulting in death) Last AMOTASOH WainlAr Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown CHRONIC RENAL FAILURE 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy performed? MERHICILLIN RESISTANT STAPIL 2000 1 ☐ Yes 2 ☐ No 25. Was cesa rafarrad to medical axeminar? 26. Piaca of Daath (Check only ona) Hospital: 12 Propatient 2 PR/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred 28c. injury at Work? 1 Natural
2 Accident 5 ☐ Panding 1 ☐ Yas 2 ☐ No invastigation 6 Could not be datarmined 3 Suicide 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicida Certifying Physicien: To tha best of my knowledge, daath occurred at tha tima, data and place, and dua to tha cause(s) and mannar as statad.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at tha tima, data and placa, and dua to the cause(s) and mannar stated. 29a. Cartifier (Check only one) 29b. Signature and litle of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year)

D31069

May 7, 1996

Records, Division of Vital Attanding Physician: funeral director, After i or Attanding efter death. Director: Aft Hospital 24 hours e 24 hours To the Hosp within 24 ho To the Fune completely f

Registrar

Physician

/Medical

Examiner

Director

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permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health and Mental Hygiene. Imprortant: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic svent, if a Medical Examine must be notified at any injury or other traumatic svent, if a Medical Examine must be notified at

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Box 68760

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Certification:

Medical

Baltimore, Maryland 21215-0020

Dr. George H. Bone 9602F M.L. King, Jr Highway Lanham, MD 31. Data filed (Month, Day, Year) 32. Registrar's Signature MAY 0 9 1996

30. Name and address of person who complated causa of daath (Item 23e) (Type, Print)

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 3. Time of Death 4:35AM Mysty 8. 19996

Physician /Medical Examiner

Funeral Director

the Maryland rail, or Items 23a or 28a-f show Exactiner nant be notified at death filed within 72 hours efter (Hygiene. ther than "natural", or Her natural', or the Medical

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Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

Physician /Medical Examiner

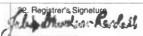
sician end burief-transit the death certificate be executed physician the use pege 2 certificate or Attending Physician: funeral director, this After 24 hours efter death. 3 the Hospital

filled in completely within 2 To the

1. Decedent's Neme (First, Middle, Last) Sallie Edward PROCTOR 4e. Feclify Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Prince George's Doctor's Hospital Lanham If Under 24 Hrs. 8. Dete of Birth (Month, Dey, If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplece (Stete or Foreign Country) Deys 1 M 2 F Months 244-84-4789 49 Yrs. 12-25-46 Virginia Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Prince George's Landover 1 ☑ Yes 2 ☐ No Director 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 3016 Brightseat Road 20785 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ᠌ X XNo If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, White, etc. 1 Never Married 20 Married 1 ☐ Yes 2 XNo Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Private 12th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Jonah Hendricks Lizzieanna Hargrove 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Susie Forbes/Sister 1311 Bellehaven Drive, Landover, MD 20785 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBuriel 2 ☐ Cremation 3 ☐ Removel from Stete Harmony Memorial Pk 5/13/96 Landover, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensa 22. Name end Address of Fecility J. B. Jenkins Funeral Home 7474 Landover Rd, Landover, MD 20785 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Plumal efform lo days Immediate Ceuse (Finel diseese or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco ues contribute to the cauee of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown λq 24b. Were eutopsy tindings evelleble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 1 ☐ Yes 1 ☐ Yes 2 ☐ No Be 25. Wes cese reterred to medicel exeminer? 26. Piece of Death (Check only one) 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Inpatient 2 □ ER/Outpetient 3 □ DOA 27. Magner of Deeth 28a. Date of Injury (Month. Dev Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Naturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Sulcide 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Exeminer: On the basis of exemination end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end menner steted. edicai 29a. Certifier (Check only one) 29b. Signature end title of certifier, 29c. License number 29d. Dete signed (Month, Dey, Yeer) CRIVall May 8, 1996 D17875 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Dr. Cheriyath Nath 14300 Gallant Fox Lane Bowie, MD

State Registrar 31. Dete tiled (Month, Dey, Yeer) MAY 0 9 1996



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State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent'a Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** oriando KATHRYN 900 101 /Medical 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Yaar If Under 24 Hrs. 6. Dete of Birth
Months Davs Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (Steta or Foreign Country) **Funeral** Months 1 M 2 KF 81 Pennsylvania 121-03-3070 Yrs. September 27, 1914 Director Usual Residence of Decedent permit. Pagas 1 and 2 should be filed within 72 hours after deeth with the Maryland Oppartment of Health and Mantal Hyglane. Important: if flem 27 is marked other than "natural", or ferms 23a or 28a-f ahow any injury or other traumatic event, the Medical Examiner must be notified an 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes XIX No Director Wicomico Salisbury Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 27206 Loch Lomond Court 21801 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Merital Status Black, White, etc. 1 ☐ Yes 2 ₺ No If Yes, Give Year or Dates: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: by Specify: White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Business Staff Accounting 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Melden Surneme) Be Steve Sarada Mary Hehla 9 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 27206 Loch Lomond Ct., Salisbury, MD 21801 Alex Porianda/spouse 20b. Piece of Disposition (Name of cematery, cremetory or other piece) 20a. Mathod of Disposition Date 20c. Location - City or Town, State 1 ☐ Buriei 2XX remation 3 ☐ Removal from State 4 Donation Other (Specify) Salisbury Crematory 5/11/96 Salisbury, MD 22. Name end Address of Facility Holloway Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. 501 Snow Hill Rd., Salisbury, MD 21804 Approximate Interval Between Onsat and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical ISCHEMIC BOWEL SYNDROME. Examiner Due to (or as a consequence of) Physiclan/Medical Examiner FAILURE CONGESTIVE HEART The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): pue Box 68760, GOSINDPHILIC MYOCARDITIS attanding physician Dua to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ed by the a 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by 1 | Yes 2 | No 3 | Probably 4 | Unknown DIVERTICULOSIS. by 24b. Wara autopsy findings available prior to complation of causa of death? 24e. Wes an eutopsy Completed FAILURE cartificata hes 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☑ No or Attending Physician: 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 1□Yes 2No Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To Aftar this funaral 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28h. Time of 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No within 24 hours after death. To the Funeral Director: A 2 Accident investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide Hospital Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, end due to the ceuse(s) and menner es stated. completely (Check only one) 2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) end manner stated. 29b. Signatura and titia of ceptifier 29d. Dete signed (Month, Dey, Year) Pashara. 10 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 306. KAY AVE SALISBURY KOTA L CHANDRASEKHARA M-D-1021801.

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31. Dete filed (Month, Dey, Yeer) State Registrar

32. Registrar's Signature MAY 1 0 1996

July Stwilson Rarlell

DHMH 16 Rev 6/95

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 18 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	1. DECEDENT'S NAME (First, Mic SHIRLEY	idie, Last)	M.			PATT	FRGO	N		2. DATE OF MONTH MAY	DEATH DA		996	3. TIME OF DEATH 11:45A M
- 1	4. SOCIAL SECURITY NUMBER		5. SEX	8 AGE (In	yrs. last birthday)	IF UNDER		IF UNDER	204 1000	7. DATE OF				
	217-28-4284		1 - M 2 - F		2 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D DEC.	lay, Your)	122	8. BIRTH	
_	9a. FACILITY NAME (If not institu	tion, give st	reet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE		10,11		INTY OF D	MD .
DIRECTOR	BERLIN NURSIN	IG &	ReHAB C	ENTER		BE	ERLII	<u></u>				WOF	RCEST	ER
<u> </u>	10a. STATE 100	b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d, INSIDE CITY
	MD.	WICO	MICO		PIT	TSVI	LLE							LIMITS? 1 YES 2 NO
₹	10e. STREET AND NUMBER		T 000			11.	101	. ZIP COD	_			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	4595 ELMER I	DAVIS						2185					S.A	
2	11. MARITAL STATUS 1 Never Married 2 Mar	ried	12. WAS DECEDEN FORCES? 1	YES	2 V NO	13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify Yea in, etc.)	or No-	14. RACE Black	— American Indian, c, White, atc.
à	3 XWidowed 4 Divorced		IF YES, GIVE W	AR OR DATI	ES T		1 YES	2 X NO	Specify	<i>/:</i>	•		Speci	"> WHITE
	15. DECEDE (Specify only hig			1	Give kind of life. Do NOT us	USUAL O	CCUPATIO	ON st of workli	ng	16b. KI	ND OF BUS	INESS/IN	DUSTRY	
PLET	Elementary/Secondary (0-12)		College (1-4 or 5 -	·	HOUSE-K					١,	10000			1
COMPL	17. FATHER'S NAME (First, Middle	, Last)			HOUSE-K	<u> CEPE</u>	K	18. MOT	HER'S NA	ME (First, Mide	HOTEL		IN	
ш	MILTON MOR	GAN								PARKI		Jornanney		
0	19a. INFORMANT'S NAME (Type/	Print)			19b. MAILING	ADDRES	S (Street a			Route Number,		. State, Zij	p Code)	
=	LINDA GROSS				7269	W. R	AINI	ER D	R.,	PARSON	ISBUR	G, M	D. 2	1849
	20a. METHOD OF DISPOSITION 1 Device 2 Cremation	3 🗆 Remo	val from State	20b. P	LACE AND DATE	OFDISPOS	SITION (Ne			DATE			City or To	
	4 Donation 5 Other (Spe			SP	RINGHIL	L ME	MORY	GAR	DENS	5/14	HER	RON,	MAR	YLAND
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARYLAND MARYLAND										ND 21804			
_	Dual	de	1000	ine		ВО	UNDS	FUN	ERAL	HOME,	705	E. M.	AIN :	ST.,SALISBUR
BOUNDS FUNERAL HOME, 705 E. MAIN S 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or reapiretory arrast, shock, or heart failure. List only one cause on each line.												Approximata interval Between Onset and Death		
	disease or condition resulting in death)	i	<u> </u>	NE	omor	14								1/2 w/c.
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3	If any, laading to immediate cause. Enter UNDERLYING					,-								
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E L	resulting in death) LAST	d	•											
	PART II. Other aignificent of	onditione	contributing to	deeth but	not reaulting	in the un	nderiying	cause (given in	Part i. 24	e. WAS AN		24b.	WERE AUTOPSY FINDINGS
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ED 8	3 Suicide a Coul		28a. PLACE Of building,	F INJURY — etc. (Specify)	At home, term, :	treet, tect	ory, office			28t. LOCATIO	ON (Street ar	nd Number	or Rural R	loute Number,
	29a. CERTIFIER													
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	30. NAME AND ADDRESS OF PER EDWIN CA	STANI	EDA SUI	TE 10		Print) FRAN	KLIN	AVE	. В	ERLIN	MD	2181	ſ	
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State of Maryland / Department of Health and Mental Hygiene

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	Physici		JAMES				RAUSCH	r	Month	Dey	Yeer	112021
	/Medio		4e. Fecility Neme (If not institution, g	ive street and nun	n <i>her</i> l		KAUSCI	4b. City, Town, or	APRII			1129AM
	Examir	ier	To reduce the formation, g	ro stroet one nan	11001)			45. Ony, Town, or	LOCATION OF DOC	4c. Count	y or Deettr	
			PRINCE GEORGE					CHEVERL				
	Funeral	Н.	5. Social Security Number 6. 5 7 7 9 8 0 2 4 4	Sex Nµ M 2 ☐ F	7. Age (In yrs. la 22		Months Deys		8. Dete of B	1973	yeer 1996 1129 c. County of Deeth RINCE GEORGES RINCE GEORGES 9. Birthplece (State or Fill Washin) D. C. 10d. Inside City in the distriction of the distriction o	plece (State or Foreign
	Director			X 23.	22	Yrs.			ray 2	5,19/5		17 D.C.
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	ah ya		10a. Stete 10b. County			Town or Loc					1	10d. Inside City Limits
	M T	to	D.C.		W	ashin	gton					Y□ Yes 2□No
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	3ª o	0	2101 M St., N	I.E. #4			2000	2		Unite	ed S1	tates
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mantal Hygiene. Important: if Item 27 is marked other than "natural", or Items 23s or 28s-f show any Injury or other traumatic event, the Medical Examinar must be notified at once.	Funeral Director	11, Maritel Status	12. Wes Dece	dent Ever in U.S	S. 13. W	Ves Decedent of	Hispanic Origin? (5	Specify Yes or N	lo- 14. Ra	ce - Americ	cen Indien.
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22	rs a	by	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes If Yes, Giv Year or De	etes:	1	☐ Yes 2 No	Specify:		Specif		l a a li
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\frac{1}{2}	Man	2	James Rausch	Sr.				Phyllis	s Swai	nn		
a	s ma		19e. Informent's Neme/Reletionship	(Type, Print)		19b. Mailing	g Address (Stree	et and Number or R	u <i>ral Rou</i> te Num	ber, City or Town	, Stete, Zip	Code)
2	alth 27		James Raush	Sr./Fat	her	1606	C St	., N.E.	Wash.	D.C.		
Te e	f He fem other		20a. Method ol Disposition		20b. Pl	ece of Dispos	ition (Neme of		Dete	20c. Location	- City or To	own, Stete
00	age t: H		1 Burial 2 □ Cremetion 3 l 4 □ Donetion 5 □ Other (Spec		State		etory or other ple		1 00	l anda.		M. I
章	Trans.		21. Signature of Juneral Service Lice		на	rmony	Mem.	Park ;	5-1-96	Landov	er,	Md.
Baltimore, Maryland	Depariment Indiana		21. Signature oviruneral Service Lick	mseey							als	ervice
ก	00280		1 /-	100		1	425 Mai	ryland /	Ave.,	N.E.		
4			23e. Pert1. Enter the disease, or cor shock, or heart feilure. List only	nplications that co	oused the death.	Do not ente	r the mode of dy	ing, such es cerdia	c or respiretory	errest,		Approximete
	Physician		orioni, or magnitional content	7 0110 00000 011 01	out into.						1	Onset end Deeth
	/Medical		immediete Ceuse (Finel	C	in sho	+ 10 h	and of	Head			1	
	Examiner		disease or condition resulting in death)	е	7111			Head				
L		ē			Due to (or	es e consequ	Jence or):				İ	
	nsit n	Medical Examiner		b. ———			1				<u> </u>	
	ertificate be executed ling physician end se as the buriel-transit	xa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or	es e consequ	ience of):				į	
9	be e	<u>a</u>	Ceuse (Disease or injury	C							į	
68760,	stys the	dic	thet initieted events resulting in deeth) Lest		Due to (or	es e consequ	ence of):				ĺ	
9 ×	ing p	Me		-							i	
B ₀	eath certif			Q							1	
	The law requires that the death cer ata has been signed by the ettendin page 2 should be deteched for use	Physician	Pert li. Other significent conditions	contributing to de	ath but not resul	ting in the un	derlying ceuse g	iven in Pert I.	23b. Dic	tobacco uee co	ntribute to	o the cause of death?
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	es the igned be det	by P								100 9000	0	been, 4 demonstra
Division of Vital Records,	ulres Isign	D D							24e We	s an eutopsy	24b. W	ere eutopsy findings
Ö	v requir been s should	Completed							per	formed?		
ě	has l	npi									of	deeth?
=	The la	Ö							1/5	Yes 2□No	1/8	Yes 2□ No
==	iclan: The	Be	25. Was cese referred to medical examiner?					26. Place of De	eth (Check only	one)		
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0	Ph ar th eral		27. Menner of Deeth	28e. Dete o	l Injury	28b. Time of	28c. Inju	iry et	28d. Describe	how injury occur	rred	
9	Attending I r death. ector: After by the fune	Certification:	1 ☐ Naturel 5 ☐ Pending 2 ☐ Accident Investigation		h, Dey Year)	Injury		Yes a No	July	ect she	+	
S	deatl deatl ctor: y the	lica	3 Suicide 6 Could not l	1/20	ol Injury - At hor		et lectory office		28I. Location		4	al Route Number
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	Hospital 24 hours Funeral nely filled		00a Castian			•	1		Ferest	-	d 2	
	Hos 4 ho Fund tely	ica	(Check only 252 Medicei Exa	nysician: To the I miner: On the ba	best of my know sis of examinetic	ledge, death on end/or inve	occurred at the testigation, in my	ime, dete end pleci opinion, deeth occi	e, end due to the urred et the time	e cause(s) end m , dete end piece,	enner es s end due to	teted. the ceuse(s)
	To the Hospital or within 24 hours effer to the Funeral Director completely filled in	Medical	one)	end menn	er steted.							
	of Ton	-	29b. Signeture and title of certifier	1 111			29c. Licen	se number		29d. Date signe	d (Month,	Dey, Year)
	(6)		Deun	1 Chica	(EMO		0.0	.M.E.		APRTI	24	1996
	(2)		30. Neme end eddress of person who	completed cause	e of deeth (item :	23a) (Type. P						
	0		Dennis J. C	1	15)			Street.	Balti	nore. M	[arv]	land 2120
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Re	gistrer's Signet	ıre						
	Registr		MAY 07 1996		Mudler							
			MAI U 1330	- Comme	-	-						

it has been

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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						Certific	ate or	Death		Reg. No.		
	Physici /Medi		1. Decedent's Name (First, Middle, Last		R	OBIN	SON		2. Dete of D Month	Dev	Yesr 1996	3. Time of Death 00 577
)	Examir		4e. Fectity Neme (If not institution, give SOUTHEAN M.	street and number) Ary AND	Ho	ו אדו כ		4b. City, Town, or	Location of Dee	-	of Deeth	E GEOW
Ī	Funeral Director		5. Social Security Number 6. Se		(In yrs. last bii		der 1 Yeer hs Days	If Under 24 Hrs. Hours Min.		irth Ay, Year 08	9. Birthple Count Bris	tol, Va.
	anyland ahow	'n	Usuet Residence of Decedent 10e. Stete 10b. County MD Prince	Georges	10c. City, Tow		***				10	0d. Inside City Limits
	r 28a-f	irecto	10e. Street end Number	Georges .	PL. W		Zip Code			10g. Citizen of	Whet Count	
	th wit	ai D	7824 Klovstad	Drive			20	744		US	SA	
020	be filed within 72 hours efter death with the Maryland tal Hygiene. I dithyriene a construction that a sa or 28e-1 show event, the Medical Exercites must be notified at	by Funeral Director	11. Merital Stetus 1 □ Never Merried 2 ☑ Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ev Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates:				Hispanic Origin? (S en, Mexican, Puerl Specify:	pecify Yes or N o Rican, etc.)	0- 14. Rei Ble Specil	ce - America ck, White, e y: WH	
21215-0020	natur natur	Completed	15. Decedent's Edu (Specify only highest gred	cation e completed)	16a.	Decedent's U	work done	during most of wor	rking	16b. Kind of B	usiness/Ind	ustry
212	d withir jene. r than	omp	Elementery/Secondery (0-12)	Cotlege (1-4or 5+) 2Yea	rs	Build		© Contrac	ctor	Self	Empl	oyed
Maryland	s 1 and 2 should be flied within f Health and Mental Hygiene. fem 27 ia markad other than other traumatic evant, the M	To Be C	17. Father's Neme (First, Middle, Last) Joe Lee Robin	son	'			18. Mother's Ner Emma		atrick	ne)	
lary	2 should and Men is marks	-	19e. tntorment's Neme/Reletionship (Ty	pe, Print)	196	. Meiling Add	ess (Street	and Number or Ru	ıral Route Numi	ber, City or Town	, State, Zip	Code)
more,	80 = 5		Ruth P. Robin 20e. Method of Disposition 1 Buriat 2 Cremetion 3 F		20b. Pleca o cemete	f Disposition (Neme of or other ple		Dete	20c. Location	- City or Tov	
Baltin	permit. Pa Departmen Important: any injury		44 Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licen	10 A. I	Geor	Aus	and Addie	Köyater	Funer	al Home	2	
68760,	Centificate be executed ding physicien and use as the buriel-transit	n/Medical Examiner	Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last		ue to (or es e	consequence	of):	Y dove P	olmon	any disa	we!	1 day
Box			Pert II. Other significant conditions con	tributing to death but	not resulting la	n the undertyin	id callea di	ven in Pert I	23h Dio	tobacco usa co	entribute to	the cause of death?
s, P.0	ires that the de signed by the d be detached	by Physicia	Atrial	fibrillat	100	T the dilucity's	y cause y	VOLUME TO SELE.		Yes 2 No	3 Prob	
of Vital Records	e law requ has been ge 2 shoul	Completed b	Cororany	arten	7	1sea	se_	late to the second	peri	s an autopsy formed?	con of d	re autopsy tindings illable prior to appletion of cause eeth?
ital		Be Co	25. Wes case reterred to medicat	1000	12((dan	<u> </u>	26. Ptece of Dec		Yes 2 ₽ No	10	Yes 2□ No
ion of V	this ai di	ို	examiner? 1 Yes 2 No F 27. Menner of Death 1 Accident 5 Pending 2 Accident 1 Novestigation	28a. Dete of Injury (Month, Dey)	28b. 1	ritpatient 3 Fime of njury M	28c. tnju	4 LI Nursing H		how injury occur)
Division	To the Hospital or Attending F within 24 hours efter death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injury building, etc.	- At home, fe (Specify)	rm, street, tec	tory, office			(Street end Numi own, State)	ber or Rural	Route Number,
	Hospitu 124 hours Funeraletely fille	edicai C	29e. Certifier (Check only one) 1 ☐ Certifying Phys	iclen: To the best of reer: On the besis of energy and menner state	xaminetion an	, deeth occurr d/or tnvestiget	ed et the tii ion, in my c	me, dete end ptece optnion, deeth occu	, end due to the rred et the time	cause(s) and m , dete end ptece,	anner es ste and due to	ated. the cause(s)
	To the within 2 To the comple	Me	29b. Signeture end title of certifier	ehr			29c. Licens	se number		29d. Date signe	ed (Month, D	Dey, Year)
			30. Name and address of person who co	mpleted cause of dee		(Type, Print)	ERN	Mary	(Ans)	Hoche	i AL	

DHMH 16 Rev 6/95

State

Registrar

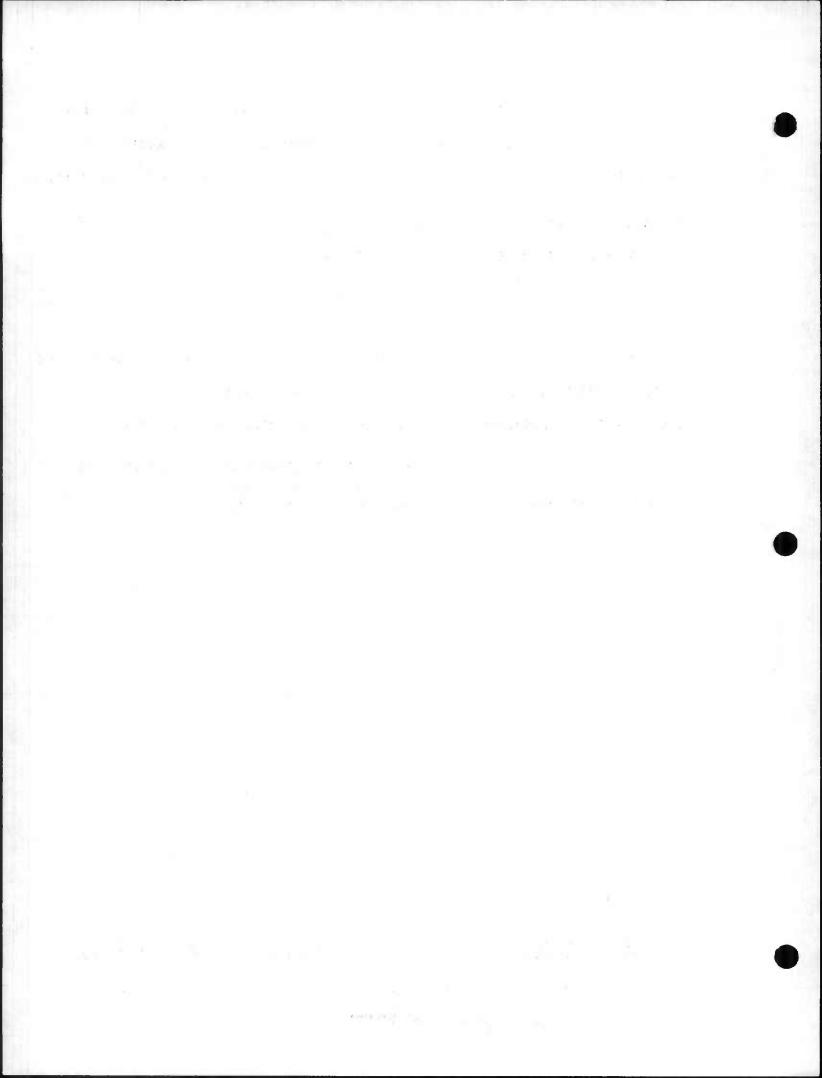
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State of Maryland / Department of Health and Mental Hygiene

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						Cen	tificate of	Death		Reg. No.		
	Dh		Decedent's Neme (First, Middle, Las.	t)					2. Dete of D		Vaca	3. Time of Deeth
	Physic /Medi		Helen L.	Smith					May	03	996	IAM
	Exami		4e. Fecility Neme (If not institution, give			-		4b. City, Tow	n, or Location of Des	ith 4c. County	of Deeth	
			Lorien Nurs	ing and	Rehab	Ce	enter	COLUME	RTA	HOMA	A R D	
	Funeral		5. Social Security Number 6. Se		(In yrs. last birt		If Under 1 Year	If Under 24		ath 4c. County of Deeth HOWARD Sirth Poy, Year) 3 1928 9 Birthpleca (Stete of Country) 3 1928 10d. Inside Ci 1 1 Yes 1 1 Yes 2 1 1 1 Yes 2 1 1 1 1 Yes 2 1 1 1 1 Yes 2 1 1 1 1 Yes 2 1 1 1 1 Yes 2 1 1 1 1 Yes 2 1 1 1 1 Yes 2 1 1 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 Ye	leca (Stete or Foreign	
	Director		220-20-3517	□M 2√2 F	67	Yrs.	Months Deys	Hours			Coun	try)
	10		Usuel Rasidence of Decedent						JONE	1720	30011	CAROLINA
	M M		10e. Stete 10b. County		10c. City, Town	or Loc	ation				1	0d. Inside City Limits
	M Pa	ţ	MARYLAND CI	TY	BALTIMO	RE						1 X Yes 2 No
	128	Directo	10e. Street and Number				10f. Zlp Code			10g. Citizen of	Whet Coun	try?
	380		2118 W. SARATOGA	STREET			21223	3		IIC	2	
	death with the Maryland ms 23e or 28e-f show Cinsat be notified at	Funeral	11. Meritel Stetus	12. Wes Decedent E	ver In U,S.	13. W	1		n? (Specify Yes or N			an Indien,
-	the the state of t	E	1 ☐ Never Merried 2 ☑ Merried	Armed Forces? 1 ☐ Yes 2 🛣 No		lf.	Yes, specify Cubi	en, Mexican,	n? (Specify Yes or N Puerto Rican, etc.)	Bie	ck, White,	etc.
Maryland 21215-0020	n 72 hours after death with the Marylar "natural", or tlams 23a or 28a-f show edical Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		11	☐Yes 2[X]No	Specity:		Specif	y: BLAC	CK
9	2 ho		15. Decedent's Edu	ucation	16a.	Decede	ent's Usuel Occup	petion		16b. Kind of B	usiness/Inc	fustry
7	in a	Completed	(Specify only highest grad			(Give k	ind of work done O NOT use retired	during most o	of working	2005		
3	d within plane. r than	E	Elementery/Secondary (0-12)	College (1-4or 5+		СТО	RY EMPLO	YEE		CAMP MA	MIIBAC	TIPING CO
밀	graff.	Be C	17. Fether's Neme (First, Middle, Last)						s Neme (First, Middl			TORTING CO.
ā	uld be Mental rhed o	ToB	WALLACE McCRORE	V				FICT	E SMITH			
7	0 - 6 6	-	19e. Informent's Neme/Reletionship (T)		19b.	Meiling	Address (Street			ber. City or Town	State Zin	Codel
ž	and 2 saith a n 27 is or fras		BRENDA WOODSON (DA									
6	- T E E		20a. Method of Disposition		20b. Pleca of	Dispos	tion (Name of		Dete			wn. Stete
Baltimore,	AL 25		1 Burlel 2 Cremetion 3 DF		111		etory or other plea					
₫			4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licens		MARYLA		VETERAN Name end Addre		RY 5/8/96	CROWNSV	ILLE,	MD.
Ba	Departi Departi Importu any inji		21. Digitativis of Futieral Service Licens						MORTUARY	. P.A.	Country of Deeth HOWARD 9. Birthpleca (Stete of Country) 10d. Inside Circle of Tay Yes 10d. Inside Circle of Tay Yes 11d. Personal Indian, Black, White, etc. Specify: BLACK 11d of Business/Industry MANUBACTURING Sumeme) 17own, Stete, Zip Code) 21045 21045 21045 21045 21045 21045 21045 21045 21045 21045 2	
_			Lany B.7	Recae		82	1 WEST S	T. ANN	APOLTS. M	Deeth Dey Year 3. Time of Deeth Dey Year 4c. Country of Deeth HOWARD Birth Dey, Year) 9. Birthpleca (Stete or Fore Country) 8 1928 SOUTH CAROLIN 10d. Inside City Lim 1 Yes 2 10 10g. Citizen of Whet Country? US No- 14. Race - American Indien, Bieck, White, etc. Specify: BLACK 16b. Kind of Business/Industry CAMP MANUBACTURING Country, Stete, Zip Code) MD. 21045 20c. Location - City or Town, Stete 6 CROWNSVILLE, MD. Y, P.A. MD. 21401 y errest, Approximate intervel Between Onset and Deeth Yerest, Intervel Between Onset and Deeth Approximate intervel Betwee		
		į.,	23a. Pert1. Enter the diseese, or compl shock, or haert feilura. List only o	ioations thet caused t ne ceuse on aech lina	he deeth. Do n	ot enter	r the mode of dylr	ng, such es ca	ardiac or respiretory	errest,		Intervel Between
	Physician			-							i	Onset end Deeth
	/Medical Examiner		Immediete Causa (Finel diseese or condition	Cer	ebro vas	cula	Acc	ident			i	hour
	LXammer	L	resulting In deeth)		ue to (or es e o						i	
	D #	Examiner		h							i	
	certificata be avacuted ding physician and sa es tha burial-transit	Kam	Sequentially list conditions, if any, landing to immadiate	D	ue to (or es e c	onsequ	enca of):				1	
68760,	cian	E E	Cause (Diseese or injury									
87	ohysi tha l	Medical	thet initieted events resulting in deeth) Last	D	ue to (or es a c	onseque	enca of):					
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Bo	0 0 0											
	The law requires that the death of the law been signed by the atten page 2 should be detached for u	Physician	Part II. Other significant conditions con	ntributing to death but	not resulting in	the und	derlying cause giv	ven in Pert I.	23b. Dto	f tobacco use co	ntribute to	the cause of death?
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Records,	ras t	by)	- Wille	9 00	rogit / tox /	101100110		21070	T	
0	v require been si should t	te	7,00						24e. We	s en eutopsy formed?	846	elieble prior to
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0	g Pt tar th		27. Menner of Death 1 Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Day		ime of	28c. Injur Wor					
0	ath. r: Af	atic	2 Accident invastigation	(,,,		Yes 2 □ No				
N N	ar da by ti	tific	3 ☐ Sulcide 6 ☐ Could not be datermined	28a. Pleca of Injur building, atc.	y - At home, fer	m, strae	et, factory, office		28f. Location	(Street end Numi	ber or Rura	l Route Number,
٥	s aft at Di	Certification:		bullating, ato.	(Op doiny)				0.0, 0.1	, , , , , , , ,		
	hour hour	cai	29e. Certifier 1 Certifying Physical Examination	olcian: To the best of	my knowledge,	deeth o	occurred et tha tin	ma, data and	place, and dua to the	a causa(s) and m	ennar as st	ated.
	To the Hospital or Attanding Physician: The law within 24 hours aftar death. To the Funeral Director: Attar this certificate hes complately filled in by the funeral director, page 2	ledical	one)	and menner stete	ed.	OI HIVE			COOLING OF THE FILLS			
	To To To To	Σ	29b. Signeture end title of certifier	0			29c. Licens	e number		29d. Dete signe	d (Month, I	Dey, Year)
			Stere Sel	le mos			d 3	4613	3	May 7	, 19	96
			30. Nema and address of person who co					_				
			Steven Geller	MO 9501	old A	MAGIO	olis Rd	113	cott City	Mo	2104	2
	Sta		31. Dete filed (Month, Day, Year)	32. Registrer	s Signeture	40	1.00	,	1			
	Registr	ar	MAY 1 0 19	96 gun	a Davidson	-40	Manne					



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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п			1. Decedant's Name	a (First, Middla, L	.ast)							2. Data of De			M	3. Tima of	Death
-	Physic		т	UNE SNOW	DEN							Month MAY 7		Day G	Yaar	6.20)
1	/Medi		4a. Facility Name (/			umber)			1	4b. City. To	wn. or L	ocation of Deat			v of Death	0:30) pm
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	Director		217- 16 -5			37	113.					JUNE 18	3 19) 58	MARYI	LAND	
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	ehor ehor	L.	Tod. Stata	rob. County		100.01	ty, TOWN OF EC	Callon							1		
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	th th	Sre	10e. Street and Nur	mber				10f. Zi	ip Coda				10g. 0	Citizen of	What Cour	ntry?	
	23a	le Le	1452 TYL	ER AVENU	E			2	1403	3				US			
	999	Funeral Director	11. Marital Status		12. Was De	cedant Evar in U	J,S. 13.	Was Dece	edent of I	Hispanic Orl	gin? (Sp	ecify Yas or No Rican, atc.)) -				
0	ar ar ar	3	1 XNevar Marri	ed 2 Married	Armed F	2 XNo Siva						Hican, atc.)		Bia			
21215-0020	s 1 and 2 should be filed within 72 hours after deeth with the Meryland if Health and Mental Hygiene. Institutely, or Hems 23s or 28s-f show other traumatic event, the Medical Examinar must be notified at	by	3 D Widowed	4 Divorced	If Yas, G Yaar or	iva Datas:		1 🗆 Yas	2 X No	Specify:				Specil	ty: BI	LACK	
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	Hyg H	ŭ	17. Fathar's Nama	(First, Middle, Las		<u> </u>	1	NOINE_		18. Moths	ar's Nam	a (First, Middla	Maid				
an	od la se	Be												_	,		
2	should be filed within and Mental Hygiene. B marked other than " tumatic avent, the Mai	P		. SNOWDE			1					JEAN S					
Maryland	2 sho s and is me raum		19a. Informant's Na				19b. Mailii	ng Addras	ss (Stree	and Numbe	er or Rui	ral Houta Numb	er, City	or Town	n, Stata, Zip	Coda)	
	and ealth n 27		BARBARA .		EN)MOT					/E. AN	NAPO	LIS, MI					
20	T He T		20a. Mathod of Disp	oosition Cramation 3	□ Bamayai fran		Place of Dispo cematary, crei	natory or	ama of othar pla	ice)	i	Data	20c.	Location	- City or To	wn, Stata	
Ē	Pag nent nr: II			5 Other (Spec		AN	NAPOLIS	S MEM	1. GA	ARDENS	15	5/10/96	ANI	NAPOI	LIS, N	ID.	
Baltimore,	orte		21. Signature of Fu	naral Sarvice Lice	ensaa				_	ass of Facilit							
ä	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other trai		17/00	De l	15	0000	W	M. RE	ESE	& SON	S MC	RTUARY	Ρ.	Α.	Year 6: County of Death NE ARUNDEL 9. Birthplaca (Sta Country) 8 MARYLAND 10d. Inside 12 Year of What Country? S 4. Race - American Indian Black, White, atc. Specify: BLACK d of Businass/Industry NONE Sumama) Town, Stata, Zip Coda) 403 ation - City or Town, State POLIS, MD. 401 Approximately Interval of Conset at 18 Year of Whote Countribute to the cause of Conset at 18 Year of Conset at 18		
		_		WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 2140 rt1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, ock, or heart failure. List only one cause on each line.							2140]						
			shock, or hea	na diseasa, or coi rt failura. List onl	y ona cause on	each lina.	tn. Do not ant	tar tha mo	da of dyl	ng, such as	cardiac	or raspiratory a	rrast,			Approximate Interval Bety	veen
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State of Maryland / Department of Health and Mental Hyg

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Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death Month Yaar **Physician** Robert Vincent St John May 1996 2:55 A.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1805 Plymouth Court Prince George's Bowie If Under 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 180M 2□ F Days Hours Yrs Director 216 50 7938 78 Feb. 15,1918 Nebraska Usual Residence of Decedent permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Haulh and Mantel Hygiana. Important: If item 27 is marked other than "natural", or items 23a or 28s-4 show any injury or other transmit as Mandial Examiner may be notified as any injury or other traumatic event, in Mendial Examiner may be notified as 10e State 10b County 10c. City, Town or Location 10d. Insida City Limits XXIVes 2 No Directo Maryland Prince George's Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1805 Plymouth Court 20716 United States Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1XXas 2□No If Yas, Giva Yaar or Dates: WWII 1 □ Never Married 2 □ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 🏋 No Specify: White Specify: þ 3√Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Route Salesman Food 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be Unavailable Mira S. Langford 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1805 Plymouth Court Bowie Maryland Michelle Flock 20a. Method of Disposition 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Other (Specify) Grandview Cemetery Taswell Virginia 5/9/96 21. Signature of Funaral Service Licenses 22. Name and Address of Facility Robert E. Evans Funeral Home, P.A. come 16000 Annapolis Rd. Bowie Md. 20715 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Physician Immediate Cause (Final disaase or condition resulting in death) /Medical Examiner Examiner tha daath certificata be asscuted physician and the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Luckastan) Box 68760 Physician/Medical attending usa ò ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown þ been si 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed has 1 Yes 2 No 1 ☐ Yes 2 ☐ No cartificata funaral director, 25. Was casa referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 ☐ Nursing Homa 5 Residence 8 ☐ Other (Specify) 1 Yes 2 No 2 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending death. investigation 1 Yes 2 No 2 Accident or Attend after death Director: / 6 Could not be determined To the Hospital or Atter within 24 hours after der To the Funeral Director completaly filled in by th 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 - Homicide edicai 29a. Certifler 🖄 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signature and tille of certiflar 29d. Data signed (Month, Day, Year) 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) Til Bergeman 115 CEnterway rd. Greenbelt Md. Registrar's Signoure

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Registrar



State of Maryland / Department of Health and Mental Hygiene

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				Cen	tificate of	t Death		Reg. No.		
Physici /Medic		1. Decedent's Neme (First, Middle, Las KARTYN	· SHEDR	rick	m	4	2. Dete of De Month	Dey 19 - G	Yeer 96.	3. Time of Deeth
Examin		4e. Facility Neme (If not institution, give HMATIS VILLE				4b. City, Town, or L HYATI	SVILLE			GEORGES
Funeral Director		5. Social Security Number 6. Se 237 - 82 - 1024 11	9X 7. Age (In yrs ☐ M 2 1 F + 8	· lest birthday) Yrs.	If Under 1 Year Months Dey		8. Dete of Bir (Month, De (8 -/)	rth ay, Year) /- 47	9. Birthpl Count 1 · S	lece (State or Foreign try)
with the Marylend a or 28a-f show	Director	10e. Stete 10b. County MD . PRINCE G		ity, Town or Loc					10	0d. Inside City Limits 1 □XYes 2 □ No
章 2g 章	Dire	10e. Street end Number			10f. Zip Code			10g. Citizen of W		
death w	rai	3500 RIGGS ROA		Y		283				TATES
or he	by Funeral	11. Maritei Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in the Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes:		Ves Decedent of Yes, specify Cu	Hispenic Origin? (Spuban, Mexican, Puerto o Specify:	ecify Yes or No Rican, etc.)	Specify:	, White, e	
filed within 72 hours Hygiene. other than "natural", ent, the Madical Em	Completed	15. Decedent's Ed (Specify only highest grad Elementary/Secondery (0-12)	ucation de completed) College (1-4or 5+)	16a. Decede (Give k life. De	ent's Usuel Occ ind of work don O NOT use retii	e during most of work red)	sing	16b. Kind of Bus		ustry
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Mental Mental rrked o	To Be	CHARLES 3	J. SUTTON			HAZ	EL O.	OWEN		
permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, fire Medoce.		19e. Informent's Name/Reletionship (7) CALPERNIA C. MI				A AVE.,		SH., D	_	Code) 0002
Peges 1		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ I		Plece of Dispos cemetery, cremi	ition (Neme of etory or other p	/eca)	Dete	20c. Location - 0	City or To	wn, Stete
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permit. Departr Imports any inju		21. Signeture of Funerel Service Ucon	Krin- Ja	lleg 14		YLAND AV		WASH		C 20002
D		23a. Part1. Enter the disease, or comp shock, or heert feilure. Line only o	licetions thet caused the dea one ceuse on each line.	ith. Do fot enter	r the mode of d	ying, such es cardiec	or respiretory e	errest,		Approximete Intervei Between Onset and Death
Physician /Medical		Immediate Cause (Finei disease or condition	0	100					ŀ	
Examiner		resulting in deeth)	e. Due to (or es e consequ	ience of):					
be sit	nine		b. Toy	OPL	ASM	05/5				
certificate be executed iding physician end ise es the buriel-transit	/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	c. CAR	or es e consequ	ence of):	ONARY	FAI	LURE		
	iclar	Pert II. Other significant conditions co	ptributing to deeth but not re-	sulting in the unc	deriving cause (riven in Pert I	23h Did	tohacco usa con	tribute to	the cause of death?
r requires thet the death been signed by the atte should be deteched for	by Physician	ANEMIA	The state of the s	Julia de la companya	oonying cause (gwon in rott i.				eably 4 Unknown
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ysician: The last certificate he director, page	Be	25. Wes case referred to medical examiner?	Magnital.			26. Place of Dee	th (Check only	one)		
Physic this of ral dir	- To	1 Yes 20 No 27. Menner of Deeth	Hospitel: 1 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Input 28e. Dete of Injury	ER/Outpetient	3LI DOA			denca 6 Othe)
ding th. After fune	tlon	1 Pending 2 Accident 5 Pending investigation	(Month, Day Year)	28b. Time of Injury	28c. Inj W	ork?	280. Describe	how injury occurre	ed .	
or Atten after dea Director I in by the	Certification:	3 Suicide 6 Could not be determined	28e. Piece of injury - At h building, etc. (Speci	nome, ferm, streetify)	et, factory, office	9	28f. Location (City or To	Street and Numbe wn, Stata)	r or Rura	Route Number,
To the Hospital or Attending Physician: within 24 hours after death of the Funeral Director: After this certifical completely filled in by the funeral director, completely filled in by the funeral director,	edical C	29a. Cartifier (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To the best of my kno ner: On the basis of examina end menner steted.	owledge, deeth o	occurred et the estigetion, in my	time, dete end place, opinion, deeth occur	end due to the red et the time,	ceuse(s) end mer date end plece, e	ner es sta nd due to	ated. the cause(s)
within To the	Me	29b. Signeture and title of certifier			29c. Licer	nse number		29d. Date signed	(Month, L	Jey, Year)
-	7	Robert Olk	isworth mi	2	(mary 0	and) DZ	8906	4-	19-	96
(2)		30. Neme and address of person who or	ompleted cause of death (ite	m 23a) (Type, P	rint)	wru j				
0	l.	Robert D. SKi	pworth mo pholeted cause of death (ite o WO r h m 32. Registrer's Sign	585	MAIN	STREET	LAU	REL N	PARY.	LAND 20707
Sta Registra		31. Dete filed (Month, Dey, Year) MAY 0 7 1996	Java Hudson	eture						

Registrar

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

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State of Maryland / Department of Health and Mental Hygiene 96

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	Examir		4a. Facility Nama (If not institution, git	va streat and number,)			4b. City, Town,	, or Location of Dea	th 4c. County	of Death	
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	Funeral			Sax 7. Ag 11⊠M 2□F		ast birthday)	If Undar 1 Y Months D		f Undar 24 Hrs. 8. Data of Birth Hours Mln. 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stat			ta or Foraign
	Director		3/9-32-0119		75	Yrs.			June 1	,1920	North Car	rolina
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land	e b	Funeral Director		0 1 -								ras 2 □ No
A AM	2			George's	Нуа	ttsvi		41				
e this	Jours aries death with the marylan ralf, or thams 23a or 28a-f show Examiner mart be notified at		10e. Street and Number				10f. Zip Co			10g. Citizan of	What Country?	
ath v			6807 Fairwood Ro				207			U.S.A.		
filed within 72 hours after death with the Maryland	Ne.	une	11. Marital Status	12. Was Decedant Armed Forcas?	?	S. 13. \	Nas Decedant f Yas, specify	of Hispanic Origin Cuban, Maxican, P	? (Specify Yas or Nuarto Rican, atc.)	lo- 14. Rad Bia	ce - Amarican Indiar ck, Whita, atc.	٦,
	"natural", or if	To Be Completed by Fi	1 Navar Married 2 Married	1⊠ Yas 2□ No 1943 If Yas, Giva Yaar or Datas: 1939—		.3	1 □ Yas 2 No			Specif	V:	
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. 75	jiene. r then "natur me Medical		15. Decedant's E (Specify only highast gr	ducation ada com <i>plated)</i>	Collaga (1-4or 5+)		16a. Decedant's Usual Occupation (Giva kind of work dona during most of wor		working	16b. Kind of B	usinass/Industry	
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P. B. f	d other		Robert Livingston	•							па)	
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O sh	is m		19a. Informant's Name/Ralationship						r Rural Routa Num			
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100	t of Hea If item or othe		20a. Mathod of Disposition 1XI Burial 2 ☐ Cramation 3 [Ramoval from Stata	20b. Pi	aca of Dispo matary, crem	sition (Nama on natory or othar	placa)	Data	20c. Location	- City or Town, State	A
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mil	Depertment of Himportant: If its any injury or of once.		21. Signature of Funaral Survice Lice	hisgo (22	. Nama and A	ddrass of Facility	Cama East			
90	ded any one		Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, Maryland									
Ţ			23a. Part1. Entar the disaasa, or con	plications that cause	d tha daath	. Do not ant	ar tha moda of	dying, such as car	rdiac or raspiratory	arrast,	Approxi	mata
P	hysician		shock, or haart failura. List only	- 1							Onsat a	Between nd Death
	/Medical ixaminer		Immediata Causa (Final	(0)	NGE	STIU	EC	AR DIA	C FALL ARDIO	UKE	OHE	4001
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finet	as th	/Medical	rasulting in daath) Last Dua to (or as a consequence of):									
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- The	pag	ertification: To Be Co		7-					1.	Yas 2 No	1 Yas	2□ No
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÷			27. Mannar of Death ∫XNatural 5 □ Panding	28a. Data of Inju (Month, Da		28b. Tima of injury	1.00	injury at Work?	28d. Dascribe	how injury occur	rred	
			2 Accidant Invastigation M					1 Yas 2 No				
		Ē	3 ☐ Suicida 6 ☐ Could not be datarminad	28a. Place of In	Place of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify)			28f. Location City or T	28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)			
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or Attending		O		i								
or Attending		O	29a. Certifiar Contifier Check only 2 Medical Fxe	nyalcian: To the best	of my knov	rledga, daath	occurred at th	a tima, data and p	lace, and dua to the	a causa(s) and ma	annar as stated.	(e)
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State Registrar

State of Maryland / Department of Health and Mental Hygiene 96

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			Certificate of Death Reg. No.							,,,,,		
	Physic	ian	1. Decedent'a Nama (First, Middle, Last	Simmon	- 71	T		2. Data of De Month			Time of Death	
	/Medi		4a. Facility Name (If not institution, giva		,	<u></u>	4b. City, Town, or L	ocation of Deat	h 4c. County	10 '	0 -11/1	
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L	Funeral Director		5. Social Security Number 6. Sex 150 M 2 F 7. Age (In yrs. lest birthday) 34 Yrs. 150 M 2 F 7. Age (In yrs. lest birthday) 34 Yrs. 150 M 2 F 7. Age (In yrs. lest birthday) 34 Yrs. 150 Months 150								ngtonD	
	ylend		10e. Stete 10b. County		, Town or Loc					10d. fr	nside City Limita	
	the Marylen 28a-f show	Ş	MD Anne Ar	undel		Ar	nnapolis			10	X Yes 2 □ No	
		Funeral Director	10e. Street end Number 623 Bywater		10f. Zip Code 2 1 4 0 1				10g. Citizan of Whet Country? USA			
5-0020	or its	by	11. Marital Status 1 XNever Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ever in U, Armed Forcaa? 1 ☐ Yes 2 ☑No If Yes, Giva Yeer or Detes:	S. 13. Was Decedent of Hispenic Origin? (S if Yas, specify Cuban, Mexican, Puer 1 ☐ Yaa 2 □ No Specify:					e - American Indian, k, White, etc. Black		
5-0	natural",	eted	15. Decedent's Edu (Specify only highast grad	ication	16a. Dacede	 Dacedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 			16b. Kfnd of Bi	ind of Business/Industry		
2121	iene.	Completed	Elementary/Secondery (0-12) Coilege (1-4or 5+)				useman	m ny	Private			
Maryland	ould be filed Mentel Hygis arked other	To Be	17. Fether's Neme (First, Middle, Last) Roger C. Simmons, Jr.				18. Mother's Neme (First, Middle, Maiden Sumeme) Mary Barlow					
	and 2 sho eith end N 27 is ma er trauma		19e. informant's Neme/Reletionship (7) Roger Simmons		19b. Meiling	Address (Stree 7 Mord	ente Dri	al Route Numb	er, City or Town, linton	State, Zip Code , MD 2	0735	
Baltimore,	ta the		20e. Method of Disposition 1 ☒ Burlel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	Removal from State	emetery, cremi	ition (Neme of etory or other pla Memor	ial Pk	Dete 5/9/96		City or Town, S		
Balti	permit. Pege Department of Important: If any injury or once.		21. Signature of Funerel Sarvice Licens		J		enkins E					
	_		23a. Part . Entar the diseesa, or compl	lications that caused the death			ndover F					
	Dharatata		shock, or heart failure. List only o	ne cause on each line.	i. Do not ante	r the mode of dy	ing, such as cardiac	or respiretory e	rrest,	Inter	roximata rvei Between et end Deeth	
	Physician /Medical		immadiate Cause (Finel	Λ						i Ons	or one poor	
	Examiner		diseese or condition resulting in deeth)	· A	IDS							
		ē		Due to (or	res a consequ /	,		h				
	od d ansit	Examiner		b. Cyt		1	11/05	DISEA	se	1		
oʻ	The lew requires that the death cardificate be executed ate has been signed by the ettending physicien and page 2 should be deteched for use as the burtal-transit	EX	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due/to (or es e consequence of):								
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	thet the death cer ed by the ettendin deteched for use	Physician/	Pert II. Other eignificant conditions con	ntributing to death but not rasu	ilting in the und	darlying cause g	iven in Pert I.	23b. Did	tobacco use co	ntributa to the	cause of death?	
P.0	by the	hy						1 Yes 2 No 3 Probably 4 Tonknown				
	signed by id be detect	by	Leukope	7) 1 /								
Did	been si should	De le	Annin					24e. Wes	an autopsy	24b. Wara au available	utopsy findings e prior to	
900	hes be	Completed	1111411114					7,000		complet of death	ion of cause	
<u>a</u>	The hate ha		Preumon	, A				10	Yes 2 No	1 ☐ Yes	2 □ No	
Ta	oertificate rector, pag	Be	25. Wes case rafarrad to medical examiner?	, , , ,			26. Place of Deet	h (Check only o	one)			
5	Physician: this certific ral director,	Medical Certification: To E	1 Yes 2 No	lospitei: 1 Inpatlent 2 I	ER/Outpatient	3□ DOA O	ther: 4 Nursing Ho	ma 5 🗆 Rasio	dance 6 Oth	ar (Specify)		
Division of Vitai Records,	nding Pt eth. r: After the se funera		27. Menner of Deeth 1 ☑ Netural 5 ☐ Pending 2 ☐ Accidant investigation						28d. Describe how Injury occurred			
Divis	al or Atte s efter de l Directo d in by th		3 Suicide 6 Could not be determined	28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)					28f. Location (Street end Number or Rural Route Number, City or Town, Stete)			
	To the Hospital or Attending Physician: The I within 24 hours ofter deelh. To the Funeral Director: After this certificate he completely filled in by the funeral director, page		29e. Certifier (Check only one) 1. Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated. 2. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated.									
	To the To the Comp	2	29b. Signetura and title of certifier	. 11		29c. Licen	se number		29d. Deta aigne	d (Month, Day,	Year)	
	(2)		Robert & St	Expurerth 1.	np	(mary	land) D28	1906	5/4/9	6		
	3		30. Name and eddress of person who co						. 7			
			Robert Skipwor	th, M.D. 58	5 Mai	n Stre	et, Suit	e 143	Laure	1. MD	20707	

DHMH 16 Rev 6/95

Registrar

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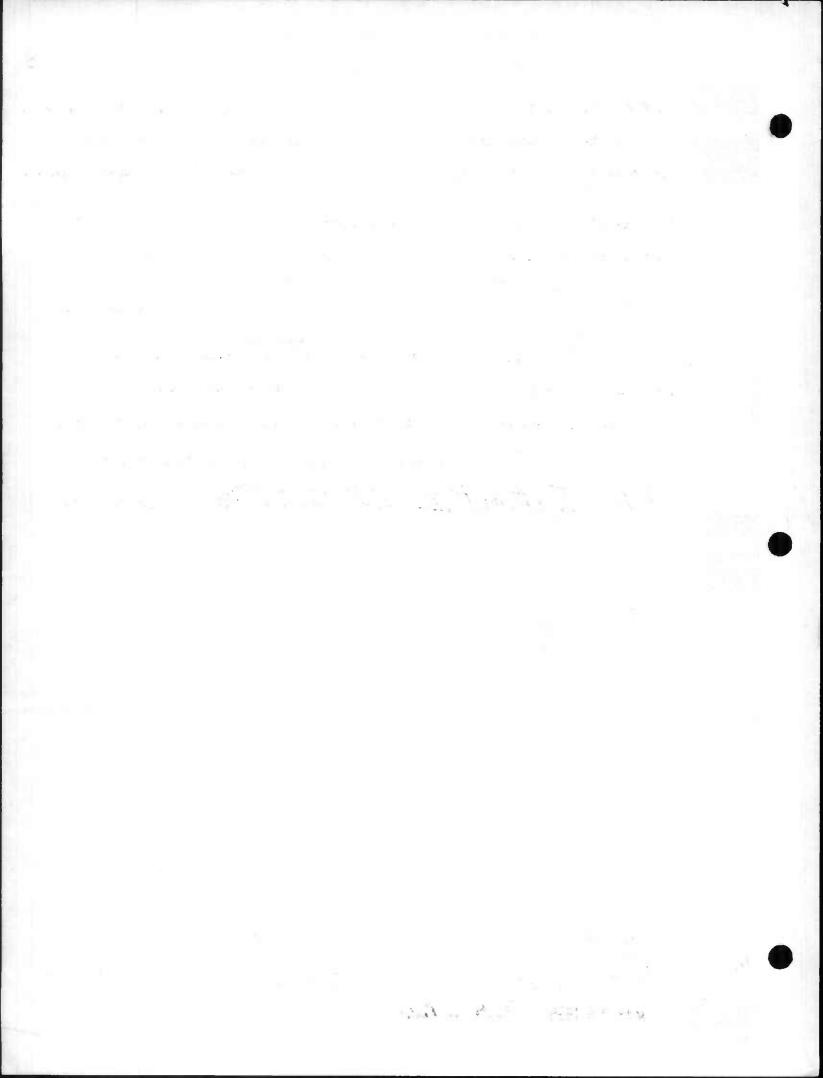
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State of Maryland / Department of Health and Mental Hygiene

Cortificate of Death

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	Dhoole		1. Decedant's Nama (First, Middla, L	ast)						2. Data of Das Month	ath Day	Yaar	3. Time of	Death
	Physic /Medi		DORIS L. S'	TONEY						May		1996	3:15	a.m.
	Exami		4a. Facility Nama (If not institution, g	iva street and nu	ımber)			4b. City,	Town, or L	ocation of Death	4c. County	y of Death		
			ALLEGIS HEALTH	CARE C	ENTER			Be	thesd	a	Mont	tgome:	ry	
	Funeral	Г	Social Sacurity Number 6.	Sax	7. Aga (In yrs	. last birthday)	If Under 1 Y Months D	ear if Und	dar 24 Hrs.	8. Data of Birt (Month, Day	h Veerl	9. Birthp	olaca (Stata o	r Foraign
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	aryla		10a. Stata 10b. County		10c. C	ity, Town or Lo	cation					10	0d. Insida Cit	
	M P	cto	District of Colu	mbia		Wa	shingto	n					TXXYas	2 No
	F 20 8	Oire	10e. Street and Number				10f. Zip Co	da			10g. Citizan of	What Coun	try?	
	deeth with the Maryland rms 23e or 28e-f show	<u>e</u>	920 6th Street,	N. E.			200	002			Unite	ed Sta	ates	
	ems	Funeral Director	11. Marital Status	12. Was Dec Armed F	edant Evar in U	J,S. 13.	Was Dacadant	of Hispanic Cuban, Max	Origin? (Spican, Puarto	ecify Yas or No- Rican, atc.)	14. Rac	ce - Amaric		
20	Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan nent of Health and Mentel thygiene. Int: if itam 27 is marked other than "natural", or items 23a or 28a-f show ity or other traumatic event, the Medical Examiner invest be neithed as	by FL	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas If Yas, G	2⊠No iva		1□Yas 2⊠			, , , , , , ,	Specif	'y:		
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an	o pe	Be C	James Charles G					10.74		le Nicholas				
2	d Me d Me merk	To	19a. Informant's Name/Ralationship			10h Mailir	a Address /Ci	root and the			or, City or Town, State, Zip Code)			
Maryland	d 2 s th an 7 is i		·		J					, Hyatt				
	Heal Heal Am 2		Joseph Stoney -	пизран					, #025	Data	20c. Location			_
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Ħ	rtam rtam		4 ☐ Donation 5 ☐ Other (Spec 21. Signature of Funeral Service Lice		H	armony				5/8/96	Landove	r, ML)	
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п		ü	27 Mennar of Death ☐ Natural 5 ☐ Pending	28a. Date (Mon	of Injury hth, Day Year)	28b. Tima of Injury	28c.	Injury at Work?		28d. Dascribe h	ow injury occur	red		
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	rs efter sell or sell	S												
	depl 4 hou funer					owledge, deeth	occurred at th	na tima, data	and place,	and dua to the o	ause(s) and me	enner as st	eted.)
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	29a. Certifier (Check only one) 29b. Signature and title of certifier												
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	(4)		30. Name and address of person who	complated caus	se of deeth (Ite	m 23a) (Type,	Print)	2 1-	R	there	0 0	110	057	40
			19410 01	Xe -	Yes.	sero	m /		IR	mero	W!	21	_U 8 /	/
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State of Maryland / Department of Health and Mental Hygiene

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								Death			eg. No.						
Ohusia	ion	1. Decedent's Neme (First, Middle,	Last)							Data of Deat Month	th Dey		Year	3. Time o	f Death		
Physic Med!		William Stepher	ns							ay		1996		1:32	AM		
Exami		4a. Facility Name (If not institution,	giva street and num	nber)			4	b. City, Tow				County of		1.02			
		Salisbury Center	Genesis	Eldero	are			Salisk	nirv.	Md.	Wi	comi	CO				
uneral			. Sex	7. Age (In yrs.		If Under	1 Year	If Undar 2	4 Hrs. 8.	Date of Birth (Month, Dey,	Manal			ce (Stete	or Foraig		
irector		214-10-8408	1 ½ □M 2□F	85	Yrs.	Months	Days	Hours	Min. Mai	19	911		Delaw				
		Usuel Residence of Decedant							7-2.				oc Luw	arc			
r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	1.	10a. State 10b. County		10c. Ci	ity, Town or L	ocation							10	d. Inside C	ity Limit		
3	to	Maryland Wico	mico	S	Salisbu	ıry								12CKYas	2 🗆 N		
100	Director	10e. Street end Number				10f. Zip (Code			1	0g. Citiz	en of Wh	net Countr	y?			
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19e. Informent's Neme/Reletionship (Type, Print)				- 110	Viola Baker 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete,						Yoto Zin (Code)					
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ician dicai niner	Jer	23a. Pert1. Enter the disaase, or conshock, or heert feilure. List or Immediate Cause (Final disease or condition resulting in death)	omplications thet colly one ceuse on el	S74		Anco	of dying	g, such as co	erdiac or re	spiretory arre	est,			Approxime Intervel Be Onset end	beeth Deeth		
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TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hydrene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH
	EVA	VIRGINIA	SEN	EY		May 3, 19		1:30 PH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
	212-10-0194	1 M 2 K F 85	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) September 16.		untry) arvland
	9a. FACILITY NAME (If not institution, give s	treet and number)		b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY O	
DIRECTOR	109 N. Division	St.		Fruit	land		Wicom	nico
H H	10a. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Wico	mico	Fr	uitland				19/3 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
崱	109 N. Division				21826		USA	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 K NO	If yea, apo	ENDENT OF HISPAN belfy Cuben, Maxice 2 K NO Specify	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	8	ACE — American Indian, leck, White, atc. pocity: White
8	15. DECEDENT'S EDU	CATION	18a. DECEDENT'S U	SUAL OCCUPATION	N.	16b. KIND OF BUS	INESS/INDUSTR	
<u> </u>	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mo: retired.)	st of working			
린	6	0	Supervi	sor		C & P	Telepho	ne Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE (John B. Adkin	S			Cordeli	a Florenc	e Enni	S
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
-	Charlotte Cullen		36223	01d Oc	ean City	Rd., Will	ards, M	D 21874
	20e: METHOD OF DISPOSITION		PLACE AND DATE OF				CATION — City o	
	4 Donation 5 Other (Specify)		tery, crematory or othe John's			5/7 Fr	uitland	, MD
	21. SIGNATURE OF PURSAGE SERVICE LIC	1 al		Hollo	way Fune	eral Home		
	FAM. K	tallerine	-7	501 S	now Hill	Rd., Sali	sbury, M	ID 21804
	23. AITA. Enter the diseases, or abook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one case on as	Tostur	1.5	,	la cardisc or respi	ratory smest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	с	CONSEQUENCE OF):					
AL (PART II. Other significant condition	a contributing to deeth bu	it not resulting in	the underlying	ceuse given in	Pert I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS
EDIC						1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ME							~ -	1 YES 2 NO
ž	DID TOBACCO USE CONT	RIBUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIL	V 🗆		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH					
YSI	1 _ YES 2 NO	1 Inpetient 2 ER/Outpe		OTHER:	5 Residence	6 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI		RK?	28d. DESCRIBE HOW II	NJURY OCCURED	
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, atr	eet, factory, office		261. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
COMPLET		ICIAN: To the best of my knowle	dge, death occurred	at the time, deta	and place, and dua	to the cause(a) and men	ner as stated.	
S S	one) 2 MEDICAL EXAMINE	R: On the beals of examination	and/or investigation,	in my opinion, d	eath occured at the	time, deta and placa, an	d due to the cau	ee(e) end menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	e MD			29c. LICENSE NUM	5 3	29d. DATE SIGN	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH			WER:	ST. S	AUSBUR	by Mu	a 1801
	31. DATE FILE MAY 0 7 1996		Rarlell		<u> </u>		1,10	
	<u> </u>							

MARINE SERVICES

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate	of	Death			Reg. I	No.			
1		1. Decedant's Nama (First, Middla, Li	ast)							2. Data of D			V-'	3. Tin	na of Death
Physici /Medic		Dary1	Tucl	ker						May	7.	Day 199	Yaar 6	9.1	30 P.M.
Examir		4e. Fecility Neme (If not institution, gir	ve street end nu	umber)				4b. City, To	wn, or L	ocation of Dee	th	-	of Deeth	7.00	00 1 .11
		7535 Brown Bridg	e Rd.					High	1and			Но	ward		
Funeral			Sax	7. Age (In yrs. la	st birthday)	If Under 1		If Under	24 Hrs.	8. Deta of Bi	rth .		_	lace (St	ete or Foreign
Director		215 68 7857 Usual Rasidance of Decedant	1□M 2⊠X	39	Yrs.	Months	Deys	Hours	Min.	8. Deta of Bi (Month, Di NOV •	19, Yea	956	Mary	land	1
dand dand		10a. Stata 10b. County		10c. City,	Town or Lo	ocation							1	Od. Insid	la City Limits
h tha Maryland r 28a-f show Inoctfed at	Director	Maryland Montgor	nery					r Spr	ing						Yas 2□No
it o	금	10e. Street and Number				10f. Zip (-		What Coun		
death with ms 23s or must be	rai	2405 Normandy So				20	905				Uni		State		
tar daa Items Iner m	Funeral	11. Maritel Stetus	Armed F		i. 13.	Was Deceda If Yes, specif	nt of I	Hispanic Orl san, Maxicar	gin? (Sp 1, Puarto	ecify Yes or No Rican, atc.)	0-		ce - Amaric ck, White,		n,
\$ 6 E	by	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas If Yas, G Year or D	2 ☑No iva Datas:		1□Yas X	X No	Specify:				Specif	y: Whi	ite	
72 hours	Completed	15. Decedent's E (Specify only highest gr	ducation	1	16a. Dece	dent's Usual kind of work	Occu	pation	t of work	ina	16b.	Kind of B	usinass/inc	dustry	
Para Para	Ple	Elementary/Secondary (0-12)		(1-4or 5+)	lifa.	DO NOT use	ratire	ed)	t of work	nig					
D D & ***	0	12	1,100		Hair	styl	ist					Salc	n		
s 1 and 2 should be filed within the Hatth and Mental Hygiena. Item 27 is marked other than other traumatic event, the Mental	Be	17. Father's Nema (First, Middle, Las)							e (First, Middle	, Maid	an Sumar	na)		
fents fents fents fice	To	Robert A. Zupko)					Su	e Og						
short and the		19a, Informant's Neme/Ralationship	(Type, Print)		19b. Maili	ng Addrass	Stree	t end Numbe	er or Rur	al Routa Numb	er, Cit	or Town	Stata, Zip	Code)	
permit. Pagas 1 and 2 Department of Health s Important: If Itam 27 is any injury or other tra		Robert A. Zupko	Fat	ther	17	42 A1h	err	marle	Driv	e Crof	ton	Mary	land	211	14
Ham Han		20a. Mathod of Disposition		20b. Pla	ce of Dispo	sition (Name	of		DIIV	Data					
agas II H of		20a. Mathod of Disposition XI Buriel 2 □ Cramation 3 □ Removel from Stete 20b. Place of Disposition (Nama of camatary, crematory or other place) 20c. Location - City													
oemit. Pagas 1 ar Department of Haa mportant: if Itam 2 my Injury or other		4 ☐ Donation 5 ☐ Other (Special Service Lice		Lake		Memor				5/9/96	D.	avids	convi	lle	Md.
Deem Impo		D last C	C -	\sim						neral H	Iome	. P.	Α.		
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Physician													į	Onset	and Death
/Medical		Immediata Causa (Final disaase or condition	Re	spirator	v Fai	lure								2 da	ys
Examiner		rasulting in daath)	a												
7 *	ner	Due to (or as a consequence of):											l mo	nth	
outec ransi	E	b													
ertificate be axecuted fing physician and sa as the bural-transit	E	Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or Injury	CM	V Pneumo	nitis								1 7	7 mo	nths
ificata be axe g physician as the burial	Ca	that initiated evants	C	Due to (or a	as a consec	uance of):									
o ph	Medical	rasulting in death) Last	AT			,							i i) 110	270
aath certif attending for usa a	3		d. AI	DS										2 ye	ars
0 0 0	Physician	Part II. Other significant conditions	contributing to d	death but not rasult	ting in the u	ndariving ca	ıse ai	van in Part i		23b. Did	tobac	co use co	entribute to	the car	use of death?
tha by th	t Y														#DEUnknow
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requires een sign hould be										24a. Was	an au	topsy			psy tindings
w requir s been s should	Completed									perf	ormed'	,	001	mpletion	nor to of cause
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Physician: The this cartificate ral director, pag	Be	25. Was casa rafarred to medical examinar?	Hospital:				0		ot Daat	h (Check only	one)				
Physician: This cartificateral director, pr	٩	1 Yas Month	10	Inpatiant 2□E						me Res				y)	
	on	27. Mannar of Death to the State of Death 5 □ Pending	28a. Date (Mon	of Injury oth, Day Yaar)	28b. Tima o Injury		c. Inju			28d. Dascribe	how Ir	jury occur	rred		
or Attending after death. Director: After in by the fune	2 Accident Invastigation M 1 Yas 2 No														
tar d	E	3 Suiclde 4 Homlolda Could not be datamined See. Place of Injury - At home, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Street end Number or City or Town, Stata)								ber or Rura	I Routa	Number,			
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		Georgetown Unive				, wasi	וגו	grou I	,.U.	20007					
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Registr	ar	MAY 1 0 1996	0	Annual St.	and and										

State of Maryland / Department of Health and Mental Hygiene

96

						Certificate	of	Death	1		Reg. No.		. 0	, 50
	6 1		1. Decedent's Name (First, Middla, La	•						2. Date of Dea		Yaar	3. Tim	a of Death
	Physici Medio/		Gene Franklin	Tyler						April 3			8:2	O PM
	Examir		4a. Facility Name (If not institution, given	a street and numbar)			1	4b. City, To	own, or Lo	cation of Death				
L			7223 Marywood S					Hyat	tsvil		Princ			
	Funeral		,	Sex 7. Age (1. I⊋M 2. □ F	(In yrs. last bir	thday) If Undar 1 Months	Yaar Days	if Under Hours	Min.	8. Date of Birt (Month, Day	h y, Year)	9. Birthp	piace (Stantry)	te or Foreign
	Director		255 12 1274 Usuai Residence of Decedent	A	79	113.				Aug. 8,	1916	Geor	gia	
	wo m		10a. State 10b. County	1	Oc. City, Town	or Location						1	0d. Insid	e City Limits
	Many Feb	ò	M 1 1 D		**								級	ras 2□No
	h the Marylend r 28a-f show	5	Maryland Prince 10e. Street and Number	George's	нуа	ttsville 10f. Zip (ode				10g. Citizen of 1	Whaf Cour	ntry?	
	23a or		7223 Marywood St	reet				207	84		United			
	ter death with the Marylend frems 23a or 28a-f show ner man be notified at	Funeral Director	11. Maritai Status	12. Was Dacedant Ev	ar in U,S.	13. Was Decede	nt of H	lispanic Or	rigin? (Spe	cify Yas or No-	14. Rac	e - Amaric	an India	٦,
0	or its	3	1 ☐ Never Married 2 ☐ Married	Arreed Forcas? 1 ☐ Yas 2 ☐ No						Hicen, atc.)	F2555	ck, White,		
02		3 □ Widowed 4 □ Divorced if Yes, Give Year or Dates: 43–46 15. Decedent's Education 16a. Decedent's Usual Occupation							•		Specify	v: Wh	ite	
21215-0020	72 Fig. 12	Completed	15. Decedent's E (Specify only highest gro	ducation ade completed)	16a.	Decedent's Usuai	Occup	ation during mos	st of workli	na	16b. Kind of B	usiness/Ind	dustry	
12)du	Elemantary/Secondary (0-12)	College (1-4or 5+)		(Give kind of work life. DO NOT use	retired	1)						
	hygien Tr. In	S	10		P	roduction	n Ma			(PT)	Print		ompa	ny
anc	d off	Be	17. Fathar's Nama (First, Middle, Last							A Section 1	Maidan Suman	ne)		
Maryland	d 2 should be filed within h end Mentel Hygiene. 7 is merked other than ° traumatic event, the Men	Lo	Thomas Franklin 19a. Informant's Name/Relationship		401	Marilla Addison	01			Ida Whittle r Rural Route Number, City or Town			State Zin Codel	
Ma	s 1 and 2 should be filed within f Heelth and Mentel Hygiene. Item 27 is marked other than other traumatic event, the M		Violette Tyler	Type, Print)		223 Maryv					-			78/
a)	1 en Heei em 2		20a. Method of Disposition		20b. Piace of	Disposition (Name	of			Data Data	20c. Location -			
Baltimore,	80=2		1 Burial 2 □ Cramation 3 □		12.00	y, cramatory or oth	. =			F / C / O				
量	permit. Pa Depertmen Important: any injury		4 ☐ Donation 5 ☐ Other (Special 21. Signature of Funarai Service Lice		Maryl	and Veter				7 3/6/90	Crow	nsv11	le M	d.
Ba	Depe Impo		D1.+6	6/-	P	Robert	Ε.	. Eva	ns Fu		Home, P			
			23a Part Fotor the disease or com	Cours	Mes.	16000	Ann	napol	is Rd	l. Bowie	Maryla	and 2	-	
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68760,	certificeta be axecuted right physician and use as the burial-transi	edical	that initiated events resulting in death) Last	C	e to (or as a c	onsequance of):						-		
9	ing pl	2										1		
Box	that the death certific ed by the attending p deteched for use as	Physician/		0										
	the atter	/sic	Part II. Other significant conditions of	contributing to death but	not resulting In	the underlying ce	se giv	an in Part	i.	23b. Dld t	obacco use co	ntribute to	the cau	se of death?
P.0	law requires that the as been signed by th 2 should be deteche	P.								101	res 2□ No	3 Pro	bably	W hknown
Records,	signed I	by										T 0.01 141	11191-111	
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Sec	has b	Completed										of	death?	
al F	The cate h	S								101	'es 2.200	10	Yes	2□ No
of Vital	Physicien: The laver this certificate has ral director, page 2	Be	25. Was cese raferred to medical examiner?	Hospitai:			04		e of Death	(Check only o	ne)			
of	2 00 0	. To	1 ☐ Yes 2 2 No 27. Manner of Death	1 ☐ inpatient				4UN			lanca 6 Oth		y)	
L C	After fune	lon	1 Naturai 5 ☐ Pending	(Month, Day Y		ima of 28 njury M	Wor	ya≀ k? Yas 2□		280. Describe i	now injury occur	190		
20	or Attending effer deeth. Director: After I in by the fune	lical	3 ☐ Suicida 6 ☐ Could not b	e One Disease of Injure	- At home fe	rm, street, factory,		100 2		28f Location (S	Street and NumL	her or Rure	l Route I	Vumber
Division	or A effer Direct	Certification:	4 ☐ Homicide determined	building, etc.	(Specify)	in, street, ractory,	Ollico			City or Tow	m, State)	30, 0, 7,0,0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	varribori
	Hospital 24 hours Funeral staty filled		29a. Certifier 1 Certifying Ph	ysician: To the best of r	ny knowledge	, death occurred at	the tin	ne, date ar	nd place, a	and due to the	cause(s) and ma	anner as s	tated.	
	Horn 124 h	edical	(Check only 2 Medical Exar	niner: On the basis of an and manner state	camination and	Vor invastigation, I	n my o	pinion, dea	ath occurre	ed at fhe time,	date and piaca,	and dua to	tha cau	se(s)
	To the Hospital or Attending Phywithin 24 hours effer deeth. To the Funeral Director: After this completaly filled in by the funeral	Me	29b. Signature and title of certifier	Gasera		29c.	Licens	e number			29d. Date signe	d (Month,	Day, Yes	ir)
			V// m	5 m	D. phn	0	4/50	093			5/2/9,	4		
	101		30. Name and address of person who	completed cause of dea	th (Item 23a) (,			1-1-3			
(Wa Redman mos Taghim 7305 Hanons pleny						6	run	belt	mp 2	+07:	6		
	Sta	te	31. Date filed (Month, Day, Year)	32 Registrar's	Signature	4 -	0	, ,						
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State of Maryland / Department of Health and Mental Hygiene

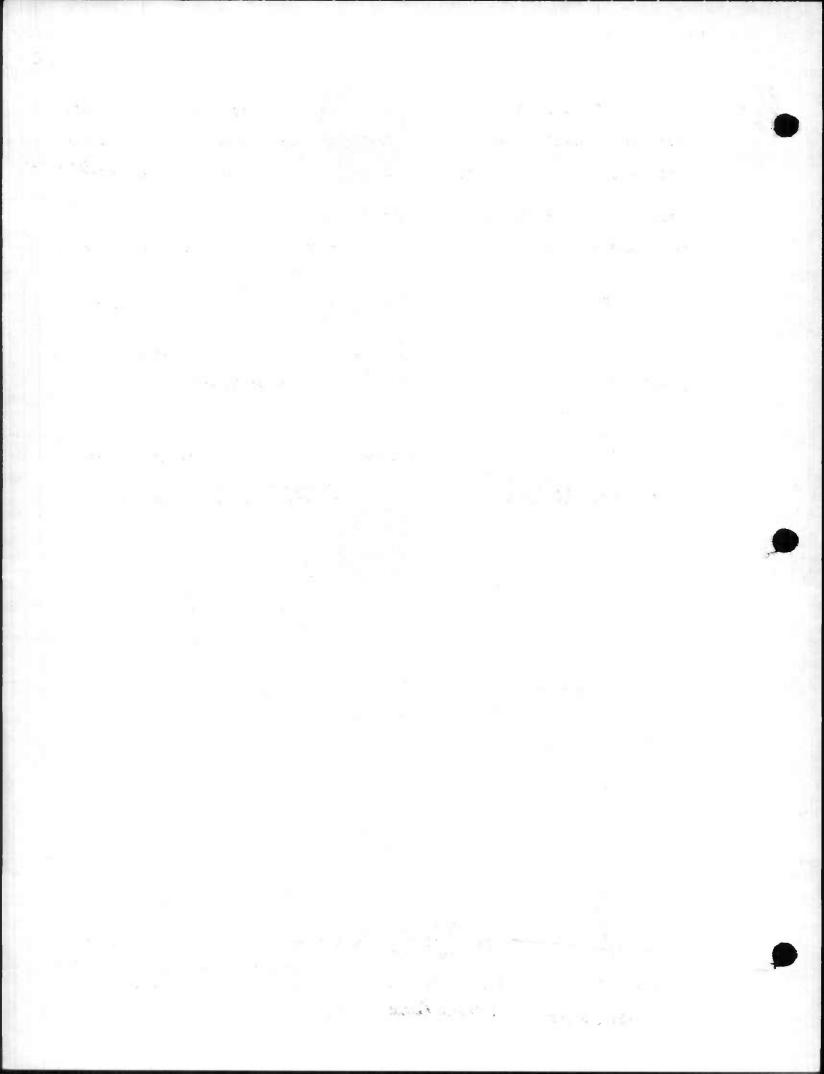
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						Cer	tificate of	Death			Reg. No.		10154	
	Physic		Decedent's Neme (First, Middle Marjorie	le, Last)			Tomco)		2. Dete of De Month May 12		Yeer	3. Time of Deeth 0544	
5	/Medi		4e. Fecility Neme (If not institution	n dive street end numi	herl				wn orlo	ocation of Deet		of Death	0311	
7	Examir	ner		emorial Hos						derick		Lvert		
	Francis		5. Sociel Security Number		. Age (In yrs.	lest birthday)	If Under 1 Yeer						ece (State or Foreign	
	Funeral Director		577-52-9391	1□ M ¾ (X)F		8 Yrs.	Months Days		Min.	March 2	28, 1938	Washi	ece (Stete or Foreign try) Ington, D.C	
	pue *		Usuei Residence of Decedent 10e. Stete 10b. County		10c City	, Town or Loc	eation					14	Od. inside City Limits	
	eho e	>			100.00							1	1 ☐ Yes 2X No	
	Ne N	ecto		vert			Lusby			T				
	VIEW P	눕	10e. Street end Number				10f. Zlp Code				10g. Citizen of	Whet Coun	try?	
	eth v	<u>ra</u>	8335 Swallo	T			206				USA			
	er de	Funeral Director	11. Meritel Stetus	12. Wes Deced Armed Ford	es?	S. 13. V	Ves Decedent of I Yes, specify Cub	Hispenic Orig an, Mexican	gln? (Spo , Puerto	ecify Yes or No Ricen, etc.)		ce - America ck, White, o		
20	72 hours effer deeth with the Maryland nature!', or items 23s or 28s-f show diest Examine must be notified at	by F	1 Never Merried 2X Merr 3 Widowed 4 Divorced	if Yes, Give		1	□Yes 2X No	Specify:			Specil	y: Whit	e	
21215-0020	hour	N D			es:	16a Dacad	ont's Usual Occur	nation			10h Kind of D	lucinos (Inc	la Leden .	
15	"na"	Completed	(Specify only highes	it's Education st grede completed)		(Give I	ent's Usuel Occup and of work done ONOT use retire	during most	t of work	ing	16b. Kind of B	usiness/inc	lustry	
12	within ene. then "	E	Elementery/Secondery (0-12)	College (1-4	for 5+)			r		Telecommunication				
D	e filed el Hygie other		17. Fether's Name (First, Middle,	Last)		тетер	hone Ope			leme (First, Middle, Meiden Surneme)				
an	Mentel of marked	Be C	Raymond		nders									
2	should ind Men imarke umartic	2		19h Meilin	Address (Street		hel	al Poute Numb			Code			
Maryland	d2 s th an 7 is 1							8335 Swallow Lane L				, Stele, Zip	Code)	
	Health Health Ism 27 i		20a. Method of Disposition	iusvaliu	20b. P		Sition (Neme of	Lane	Lus	Dete Dete		cation - City or Town, Stete		
Baltimore,	Pages nent of I ant: If its ury or of	{	1 ☐ Burial 2 🏋 Cremetion		ete	emetery, crem	etory or other ple							
造	the tank	1 Burial 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) 21. Signatury of Funerel Service Licensee					tan Crem			/13/96	Alexan	dria,	VA	
Bal	Depa mpo nny ir						22. Name end Address of Fecility Sewell Funer 1451 Dares Beach Rd. Prince							
	20200		geencer	12. De	well				erick	, MD 20678				
			23e. Part1. Shter the diseese, or shock, or heart feilure. List	complications that cau only one cause on each	used the deeth ch line.	n. Do not ente	r the mode of dyli	ng, such es	cardlec o	or respiretory e	rrest,	i	Approximete Intervel Between	
	Physician				0	r s =	λ						Onset end Death	
	/Medical Examiner		Immediete Ceuse (Finel diseese or condition resulting in deeth)	Θ	Can	hac	Arr	rest	•			1		
		_	resulting in deetily		Due to (or	r es a consequ	uence of):			•		1		
	pe tis	in a		b .	CAH) .						1		
	entificate be executed ding physician end se as the bunel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate		Due to (or	es a consequ	uence of):					1		
68760,	clan clan burie		Cause (Diseese or injury	c										
87	ohys the	Medical	thet initieted events resulting in death) Lest		Due to (or	es e consequ	rence of):					i		
×	ding ding	₩.		d								į		
Bo	Ires that the deeth certific signed by the attending of d be detached for use as	Physician												
-	The law requires that the deeth ate has been signed by the attenpage 2 should be detached for u	ysic	Pert II. Other significant condition	one contributing to dea	th but not resu	ilting in the un	derlying cause giv	ven in Pert I.		23b. Did	tobacco use co	ontribute to	the cause of death?	
P.0	hat the by detac		CHF, A	abete	5 M	elli.				10	Yee 2 No	3 Prot	ably 4 Unknown	
S,	signe d be	1 by	1.	A .			1		-			245 144	era autonou fin dinos	
Ö	v require been si should	etec	Hepatic	Absers) /						en eutopsy ormed?	976	ere autopsy findings elieble prior to repletion of cause	
Sec	has t	Completed										of c	npletion of cause deeth?	
F		S								10	Yes No	10	Yes 2 No	
Division of Vital Records,	Physician: r this certific rral director,	Be	25. Wes cese referred to medical examiner?				1 20		of Deat	h (Check only	one)			
5	5 00	7	1 ☐ Yes Y No	Hospitel: 1 Ling 28e. Dete of		ER/Outpatient	3LI DOA				denca 8 □Oti)	
L	frer t	on:	27. Menner of Death Naturei 5 ☐ Pendin	28b. Time of injury	28c. Inju	rk?		28d. Describe	how injury occu	rred				
Sio	Attending or deeth. ector: After by the fune	cati	2 Accident investig		M 1 🗆]Yes 2 □ 1	No							
\leq	or Attending after deeth. Director: After din by the fune	=======================================	3 ☐ Suicide 8 ☐ Could r 4 ☐ Hornicide determ		et, fectory, office			28f. Location (City or To		ber or Rura	l Route Number,			
0	Ital o	29a. Certifier (Check only one) 29b. Signature and title of certifier 30 Name and address of person who completed cause of death (Item 23e) (The complete of the complete of												
	To the Hospital or I within 24 hours after To the Funerel Dire completely filled in the International Completery of the International Completery filled in the International Completery filled in the International Completery						occurred et the til estigetion, in my d	me, dete en opinion, deat	d pleca, th occurr	end due to the red et the time.	cause(s) end m dete end place.	enner as st	eted. the cause(s)	
	the the						OOs Lisens	an aumbar			Old Date size	nd /Manth /	Day Vasil	
	5 ¥ 5 8						29c. License number 29d. Date signed (Month, Dey, Yo					Эву, теат)		
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State of Maryland / Department of Health and Mental Hygiene 96

							Certi	ilcale of	Dealli		Reg. No.				
	Dhuala		Decedent's Ner	ne (First, Middle, L	ast)					2. Deta of D Month	eeth Dey	Yeer 3	. Time of Death		
	Physic /Medi		John	Franci	s Toal						20, 1996		:43 P.M.		
	Exami		4a. Fecility Neme	(If not Institution, gi	ive street end number)				4b. City, Town,	or Location of Dee	th 4c. County	of Deeth			
			Malcolm	Grow Med	ical Center	•			Camp S	prings	Prince	Georg	e's Co.		
	Funeral		5. Social Security			(In yrs. lest l		If Under 1 Year Months Dev		Irs. 8. Data of B in. (Month, D	irth	9. Birthplece	oyster Bay		
	Director		104-28-9	962	1XM 2□F 5	9	Yrs.	violitis Dey	5 110015 141	Septembe	er 17,1936	New Yo	rk		
	2		Usuel Residence	1											
	ehow		10e. Stete	10b. County		10c. City, To							Inside City Limits		
	Ma Te	Director	Maryland	Prince Geo	orge's County	Upper	Marlbo	ro					1 ☐ Yes 2/12 No		
	h th	T T	10e. Street and No					10f. Zip Code			10g. Citizen of	What Country?	?		
	3a c	=	4709 Colon	el Dent Cou	ırt			20	0772		United St	ates of	America		
	Herns 2	Funeral	11. Maritel Status		12. Was Decedent E	ver in U,S.	13. Wa	s Decedent of	Hispanic Origin?	(Specify Yes or N	o- 14. Rac	ce - American I	Indian,		
0	and and and and and and and and and and	E	1 Never Mer	ried 2 Married	Armed Forcas? 1 □XYes 2 □ No	0		41112411-4	ban, Mexican, Pu	erto Hican, atc.)	Ble	ck, White, etc.			
02	urs a	þ	3 Widowed	4 Divorced	If Yes, Give Year or Detes:15	954-1974		JYes 2⊠N	o Specify:		Specif	y: White			
Maryland 21215-0020	d within 72 hours after death with the Marylend jene. r than "natural", or flems 23a or 28a-f show tre Medical Examiner must be notified at	Completed by	/6==	15. Decedent's E	Education	16	Se. Deceder	nt's Usuel Occ	upetion		16b. Kind of B	Kind of Business/Industry			
21	thin /	pie	Elementery/Sec	ondery (0-12)	College (1-4or 5-	F)	life. DC	NOT use retir	e during most of v red)	vonking					
21	77 10 10 10	0		, (5)	4		Police	Lieutena	ent		United S	tates Go	vernment		
P	be filed ntel Hygie of other event, to	Be	17. Fathar's Name	(First, Middle, Las	t)				18. Mothar's N	leme (First, Middl					
Jai	0 5 0 0	ToE	Daniel J.	Toal					Mary A	Ann McLaughlin					
any	2 should end Men le marke eumatic	Nora P Fanning (Niece)							et end Number or	Rural Route Num	ber, City or Town,	Stete, Zip Co	de)		
	end 2 ealth e n 27 le								e, North A	Arlington, New Jersey 07031					
Je,	← 〒 5 5		20a. Method of Dis	sposition		20b. Plece	of Disposit	ion (Nama of	la a a l	Date	20c. Location	City or Town,	Stete		
no n	Peges nent of 1 ant: If its			☐Cremetion 3 [5 ☐ Other (Speci	Ramoval from Stete			tory or other pa ematory	hprii 27						
Baltimore,	it. P				nsee #M00690	- Hooda			rass of Facility	1550	1996 Orange, New Jersey				
Ba	permit. Peges Department of I Important: If its any Injury or or once.		21.50	Unarai Sarvico Elo	#1400690	•			nitage Fune	eral Home					
			, 40	wavelr	4 Causes	1			ve Drive, P			07032			
			23a. Pert1. Enter shock, or he	the diseese, or con art feilure. List only	nplications that caused to one ceuse on each line	the deeth. Do	o not entar	tha moda of dy	ying, such as card	llac or respiretory	errest,	Int	proximata ervel Between		
	Physician		and separate									On	set end Deeth		
4	/Medical Examiner		Immediete Cause diseese or conditi	on	, Sepsi	s						i			
	Examination		resulting in deeth)			Due to (or es	e conseque	nce of):							
	D 45	ine		_	Myoca	rdial	Infai	ction				1			
	certificate be executed rding physician and use es the buriel-transit	Examiner	Sequentielly list or	onditions,	C	ue to (or as	a conseque	nce of):							
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68760,	hysic the b	in/Medical	that initiated event resulting in deeth)	5	D. D	ua to (or as a	a conseque	nce of):				1			
9	n certific anding p use es	Me			Anuri	c Rena	al Fai	ilure							
30X		an			d										
. 8	requires that the death seen signed by the etter hould be deteched for a	Physicia	Part II. Other signi	ficant conditions	contributing to death but	not rasulting	In the unde	erlying cause g	given in Pert I.	23b. Did	l tobacco uss co	ntribute to the	causs of death?		
P.0	by the	hy	17	£ _						10	Yes 2 No	3 Probabl	ly 4 Unknown		
	es the igned be de	by	Hypoxem	ıa						_					
D	v require been sig should t	Pa									s an eutopsy		autopsy findings ola prior to		
00	w requ	olet								- bei	formed?	comple of deal	etion of cause		
Re	The lew ate has b page 2 s	Completed								VIV	Yes 2□No	1 □ Ye			
Vital Records,			25. Wes case refe	rred to medical					OC Diago of F			10.0	S PLANO		
5		o Be	examiner?		Hospitel:	• • • • • • • • • • • • • • • • • • •	Outpatient	2004 0	Wher	Deeth (Check only		(04)			
ō			27. Menner of Dee		28e. Dete of Injury	28b	. Tima of	3□ DOA 28c. Inj		Home 5 Res	how injury occur				
Division	Attending r death. setor: Alte by the func	Certification:	1XXNeturel 2 ☐ Accident	5 Pending Invastigation	(Month, Dey	Year)	Injury		ork? □Yes 2□No						
S	or Affan affar deat Director: I in by the	Ica	3 ☐ Suicida	6 Could not b	De Diese of Jaine	v - At home	ferm street			28f. Location	(Streat and Numl	ber or Rural Ro	outa Number		
S	유민의	t e	4 Homicide	determined	building, etc.			, 100,019, 01110			own, Stete)		,		
		-	29e. Certifier	10V Continue Di	husiology To the best of	mu kanuladi	an dooth o	anumad at the	time data and class	an and due to the	a souss(s) and mu				
	古本五章	edical	(Check only one)		hysician: To the best of miner: On the basis of e	xamination e									
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,									drews AF	B, Camp	Springs	, Maryl	and		
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*	Registr	ar	MA	y 0 9 199	D June war	KINGER PA	-								



State of Maryland / Department of Health and Mental Hygiene

		Certificate of Death	Reg. No.	0 15/96
61	1. Decedent's Neme (First, Middle, Last)		2. Dete of Deeth	3. Time of Death
Physician Medical	ALICE BLANCHE VALLIERE		MAY 13 1996	1:05AM
Exminer	4a. Fecility Name (If not institution, give street and number)	4b. City, Town, or	Location of Death 4c. County of	f Deeth
<u> </u>	908 E. STATE STREET	DELMAR	WICOMI	ICO
Funeral Director	5. Social Security Number 221-50-1249 Usual Residence of Decedent 6. Sex 1 M 2 F 7. Aga (In yrs. lest	birthdey) Yrs. If Under 1 Yaar If Undar 24 Hrs Months Deys Hours Min.	o. Dotto or Dirini	9. Birthplaca (Stata or Foreign Country CANADA
ylend		own or Location		10d. Inside City Limits
Mary Mary Mary Mary Mary Mary Mary Mary	MD WICOMICO DEL	MAR		1 ∑ Yes 2 □ No
vith the Ma	10e. Street end Number	10f. Zip Code	10g. Citizen of Wh	net Country?
23a ust b	908 E. STATE STREET	21875	U	JSA
aryland 21215-0020 should be filed within 72 hours efter death with the Maryland Mentel Hygiane. marked other than "naturet", or items 23a or 28a-f show implic event, the Medical Examinational Director To Be Completed by Funeral Director	3 ☑ Widowed 4 ☐ Divorced It Yes, Give Yeer or Datas:	13. Was Decedent of Hispanic Origin? (S If Yes, specify Cuban, Mexican, Puerl 1 ☐ Yes 2 No Specify:	specify Yas or No- to Rican, etc.) 14. Race Bleck, Specify:	- Amarican Indien, , White, etc. WHITE
aryland 21215-0020 should be filed within 72 hours et and Mentel Hyglane. s marked other than "naturel", or iumatic event, fire Medical Exam To Be Completed by F	15. Decedent's Education (Specify only highest grede completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+)	Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)	16b. Kind of Busi	iness/industry
d 212 filled with Hygiane. Hyg	3	HOMEMAKER		
E Sees w	17. Fether's Neme (First, Middle, Last)		me (First, Middla, Melden Sumeme))
arylan should be and Mentel marked of umatic eve			NA LeMAY	Market Will Contain
V 0 0 5		19b. Melling Address (Street end Number or Ro		
other tr	20e. Method of Disposition 20b. Plece	908 E. STATE STREET,		ity or Town, Stete
0 20- 2		atery, crametory or other piece) STEPHEN'S CEMETERY	5/17 DELMAR.	DELAWARE
교 등원을	21. Signature of Fureral Service Liggraph,	ZEName and Address of Facility HOM		
Dem Permi	Dearway Saller	P. O. BOX 3171, SA	E, IZIZ OLD OCEA	IN CITY ROAD
	Park. Enter the diseese, or complications that causad the death. I	Do not enter the mode of dying, such as cardian	or raspiratory arrest,	Approximete
Physician /Medical	Immediate Cause (Final	0 5: 1	0	Intervel Between Onset and Deeth
Examiner	diseesa or condition resulting In deeth)	enjusion due to	5 hypo tensu	· hours
je je		s e consequence of):	01	2 11 20
axecuted n end iel-transit	Sequentially list conditions Due to (or es	a consequence of):		2-4 augs
	Sequentielly list conditions, if eny, leeding to immediate ceuse. Entar Underlying Ceuse (Disease or Injury	Vis Parl		2
rifficete be as ng physician es the burie		a consequence of):		nous
M See M	Deh	dratini -		Cerhal dan
Box eath cert ettending i for use	- 0.			Sima Ding
IS, P.O. BOX res that the death ce signed by the ettendi be detached for use by Physician/	Pert II. Other significant conditions contributing to death but not resulting	g in the underlying ceuse given in Pert I.		ribute to the cause of death?
detay	Failne to Hu	re	1 □ Yes 2 1 No 3	3 ☐ Probably 4 ☐ Unknown
Hecords, P.O. The law requires thet the sate has been signed by the page 2 should be detached.	0.1.00		24a. Wes en eutopsy	24b. Were eutopsy findings
w require should be should	old age		performed?	availeble prior to completion of cause of deeth?
The law requires the law requires to page 2 should Completed	O		1 Yes 2 No	1 ☐ Yas 2 ☐ No
	25. Wes cese refarred to medical	28. Place of Dec	ath (Check only one)	12 123 22 110
hysicle hysicle his cer il direc	examinar?	Othor	lome 5 N Residence 6 □Othar	(Specify)
	27. Menner of Death 1 Neturel 5 Pending (Month, Dey Year) 28	b. Tima of 28c. Injury at 128c. Vork?	28d. Describe how Injury occurred	
thending P death. ctor: Affer t y the funera fication:	2 Accident Invastigetion	M 1 Yes 2 No		
E xeec t	3 ☐ Suicide 4 ☐ Homlcide 3 ☐ Suicide 4 ☐ Homlcide 4 ☐ Homlcide 4 ☐ Homlcide 4 ☐ Homlcide 4 ☐ Homlcide 4 ☐ Homlcide 4 ☐ Homlcide 5 ☐ Could not be determined building, etc. (Specify)	, tarm, street, fectory, office	28f. Location (Street end Number City or Town, State)	or Rural Route Number,
Otato urs at unit at illed i	200.000			
DIVI To the Hospital or At within 24 hours after to the Funerel Direc completely filled in by Medical Certifi	29a. Certifier 1[\$\sumedocume{\text{SCertifying Physician:}}\$ To the bast of my knowlee (Check only one) 2 \$\sumedocume{\text{Medical Examiner:}}\$ On the basts of axamination end manner steted.	dge, death occurred et the time, date end place and/or investigetion, in my opinion, deeth occu	, end due to the cause(s) end meni rred at the time, date and place, en	ner es stated. Indicate de due to the ceuse(s)
To the within To the comp	29b. Signeture end vittle of certifies	29c. License number		(Month, Dey, Year)
	30. Neme and eddress of person who completed the of death (item 23		ELMAR DE	19000
State	31. Dete filed (Month, Dey, Year) 32. Registrer's Signatura		rediting 100	11770
Registrar	MAY 1 6 1996 Julia d'évoles			

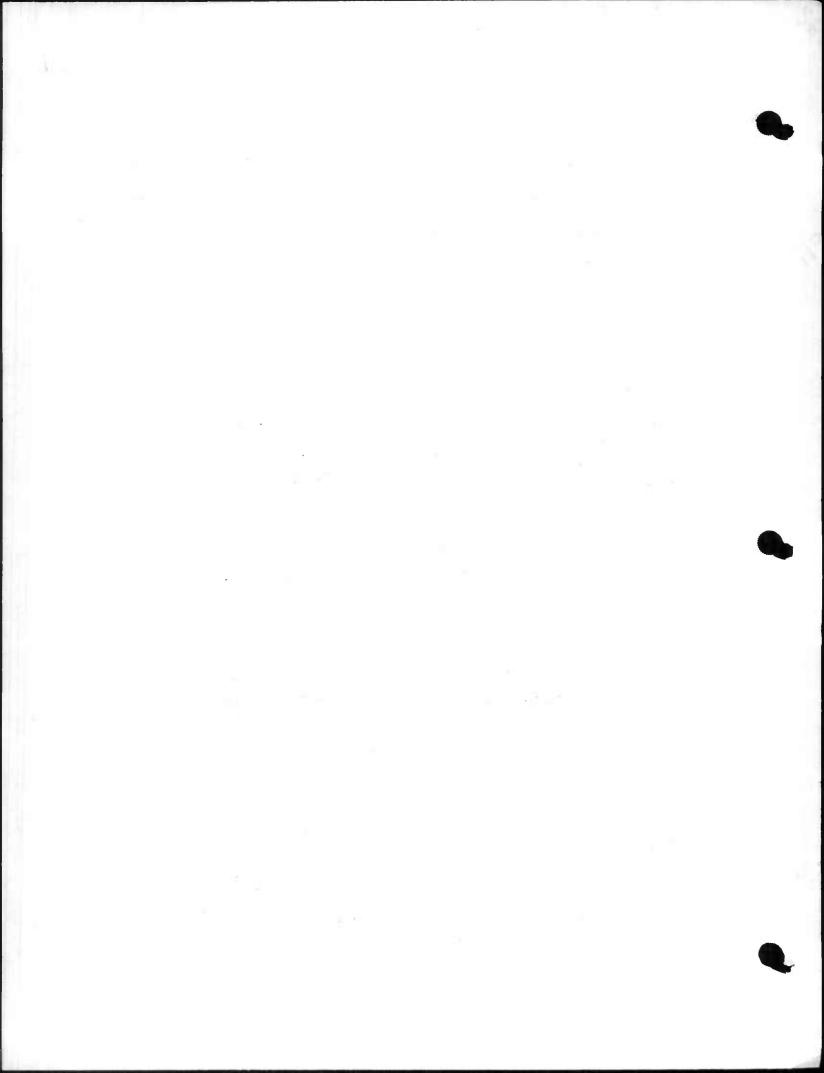
DHMH 16 Rev 6/95

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

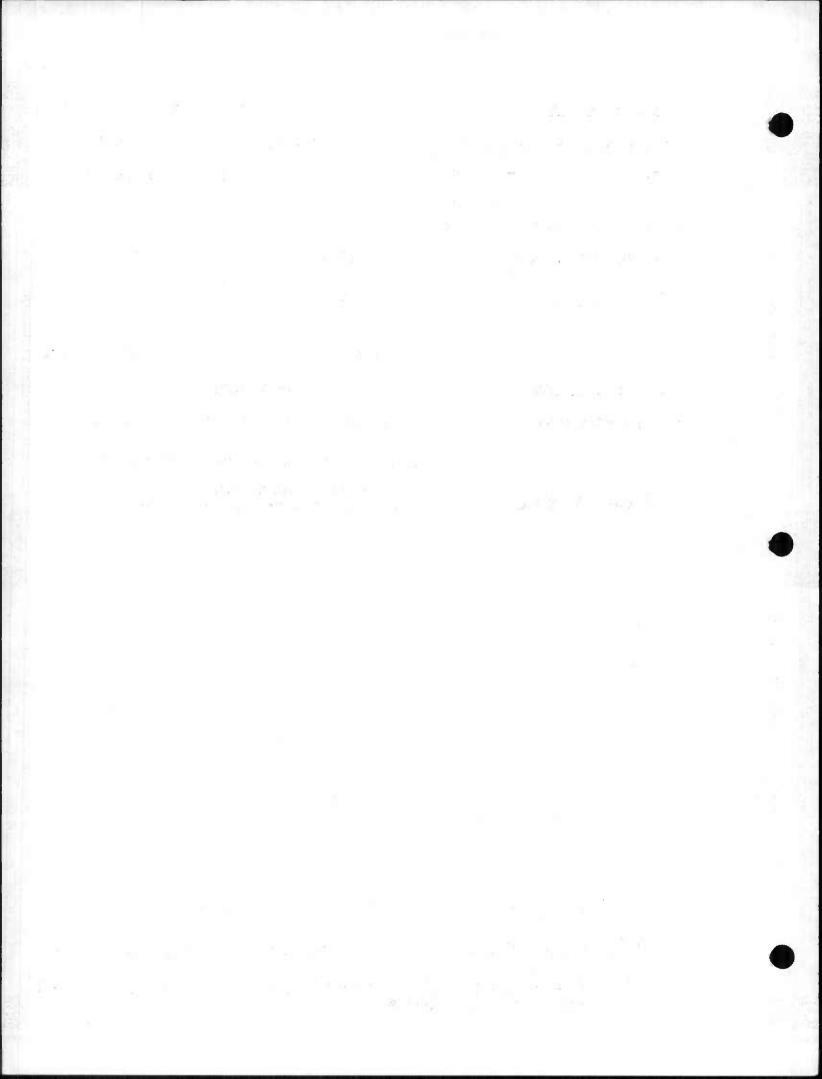
				LITTI	ICATI	_ 01	DEA	111	REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	W	3. TIME OF DEATH
	EDWARD T.	WHITE							May a	7	006 12:00 Konth
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign
	218-32-2759	1 🔯 M 2 🗌 F	63	YRS.	MONTHS	DAY8	HOURS	MIN.		001	Country)
	9a. FACILITY NAME (If not institution, give st	met and number)	61		ah OITI	TOWAL	OR LOCATE		OCT. 14 1	v .	MARYLAND
œ	The state of the s	root and named)			90. CHY	, IOWN C	JH LOCATI	ON OF DE	ATH	9c. COL	JNTY OF DEATH
2	GENESIS ELDER CAI	RE SPA CI	REEK		AN	NAPO	LIS			AN	NE ARUNDEL
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			100 CIT	Y, TOWN (20.1001	1011				
<u>m</u>							ION				10d. INSIDE CITY _LIMITS?
		ARUNDEL		ANN.	APOL:	15					1 🖾 YES 2 🗌 NO
ĭ.	10e. STREET AND NUMBER					108	. ZIP CODI	E		10g. CIT	FIZEN OF WHAT COUNTRY?
FUNERAL	701 GLENWOOD STR	EET APT.	412				2140	1			US
5	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify Yea	or No-	14. RACE — American Indian, Black, White, atc.
	1 Never Married 2 Married	IF YES, GIVE W	YES 2X	NO			2 NO		n, Puarto Rican, atc.)		Black, White, atc. Specify:
BY	3 🔀 Widowed 4 🗌 Divorced						- 10	opeony	•		BLACK
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade	ATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO)N		16b. KIND OF BUS	INES\$/IN	OUSTRY
ᆸ	Elementary/Secondary (0-12)	College (1-4 or 5 +	- III	Give kind of vie. Do NOT us	work done : se retired.)	during mo	st of workin	ng			
립	8th	0		ICK D	RTVE	IVER KATCHEF BROS. CORP.					
8	17. FATHER'S NAME (First, Middle, Last)		210	JOR D.			16 MOTI	AED'C MAI			B. CORI.
M INCOMPANTO MANO COLOR											
Q											
			EYVILLE RD. ARNOLD, MD. 21012								
	20a. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Ramo	val from Stata	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me of		DATE 20c. LOC	CATION —	City or Town, State
	4 🖺 Donation 5 🗆 Other (Specify)	cemetery, cr ANNA]	. GA	RDEN:	S	5/15/96 AT	NNAP	OLIS, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LIC		>				D ADDRES				
	Harry 1.	7. X.	ese						ONS MORTUA	,	
	7/0007				82	<u> 21 W</u>	EST S	ST. A	ANNAPOLIS,	MD.	21401
	23. PART I. Enter the diseases, or coshock, or heart fellure. L	iet only one cau	ceused the d se on each iin	leeth. Dor a.	ot enter	tha mo	de of dyl	ng, such	as cardiac or reapi	ratory sr	rest, Approximate Interval Between
	IMMEDIATE CAUSE (Final	1	1	1		1-		~			Onset and Deeth
	disesse or condition resulting in death)	unde	ly the	eta	careinomo mon						
	,	OUE TO	OR AS A CONSE	OUENCE OF	7):	11/0-0 00					
z		Keno	100	000	00	21	ai L	104	40		Machiner
은	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSE	QUENCE OF	7:						100,700,7
8	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated events	DUE TO	OR AS A CONSE	QUENCE OF	7:						
CERTIFICATION	resulting in death) LAST										
11											
EDICAL	PART II. Other significant conditions	contributing to	death but not	reculting i	n the un	derlying	cause g	lven in i	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
용	mouling de	pend	out	D(al	et	5 h	rell	1 VES 2		COMPLETION OF CAUSE
MEI	arderio-sc	lesos	0 20	0.42	+ 1	en l	ser	Ho.	sign	1	OF DEATH?
	DID TOBACCO USE CONTR	IBUTE TO CA	ISE OF DEA	ATH YE	S 🗆 I			ERTAIN			10 160 2 0 100
Ž I	25. WAS CASE REFERRED TO MEDICAL			CE OF DEAT			0110	LIVIAII			
PHYSICIAN	EXAMINER?	HOSPITAL:			OTHER	₹:					
₹	27. MANNER OF DEATH	1 Inpatient 2 I						sidence (B Other (Specify)		
	1 Natural 5 Pending	(Month, De		26b. TIM	URY	28c. INJI WO	RK?		28d. OESCRIBE HOW IN	IJURY OC	CUREO
ĕ I	2 Accident Investigation			1 [] Y		NO					
									261. LOCATION (Street at City or Town, State)	nd Number	r or Rural Route Number,
6 I											
립	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
COMPLETED	MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.										
BE	40 VO. KI/O	1/10		. ^			A COL	NSE NUM	BER	29d. DAT	E SIGNED (Month, Day, Year)
0	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	E OF DEATH (~	Delega		U	116	122	- [/	1044,1046
	DA E IM	/ Occident CAUS	14. A	-			Ola.		1.	0.	1 1 1
	TOLONT, VEKK	Juw.	MI		03/	11-1	TKL	JV	Much	21/0	2.MD.21401
	MAY 1 3 1996	32. REGISTRAI	'S SIGNATURE					1	-		
- 1	WILL TO 1220	June Da	Mason-No	Marion							



State of Maryland / Department of Health and Mental Hygiene

15798

						Certificate o	f Death		Reg. No.	70	101	0
			1. Decedent's Neme (First, Middle, Las	it)				2. Dete of De	eth		3. Time o	f Deeth
	Physic		OCTAVIA WATKINS					Month MAY 12	Dey 1996	Yeer	7:55	am
	/Medi Examir		4a. Facility Neme (If not Institution, give	street end number)			4b. City, Town, or			of Death	1,133	
	Exami	iei	ANNE ARUNDEL MEDI		D		ANNAPOLIS			ARUN	DEL.	
-	-		5. Sociel Security Number 8. Se		e (In yrs. lest birti	nday) If Under 1 Ye				1	piece (Stete d	or Foreign
L	Funeral Director			DA WELF		rs. Months De		(Month, De	y, Year) 0 1915	MARY.	LAND	a roreign
	72 hours effer deeth with the Maryland natural; or items 23s or 28s-f show dical Examiner must be notified at		10e. Stete 10b. County		10c. City, Town	or Location				1	10d. fnside C	ity Limits
	within 72 hours effer deeth with the Marylar jene. r than "natural", or ferms 23e or 28e-f show the Medical Examiner must be notified at	ō	MADVI AND ANNE ADI	MDEL	A NINI A DO	TTC					XXYes	2 No
	the 28s	Director	MARYLAND ANNE ARU 10e. Street end Number	INDEL	ANNAPO	10f. Zip Code	9		10g. Citizen of	What Cour	ntry?	
	WIE O	ō	1195 MADISON ST.	ADT D2		2140			US		, .	
	98th	Funeral	11. Meritel Stetus	12. Wes Decedent I	Ever in U.S.		of Hispenic Orlgin? (8	Specify Ves or No		ce - Americ	can Indian	
	The state of	ä	1)©Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ X		If Yes, specify C	uben, Mexican, Puer	to Rican, etc.)		ck, White,		
21215-0020	rs ef	by f	3 ☐ Widowed 4 ☐ Divorced		Specif	b: BLA	CK					
9	hou tura		15. Decedent's Ed	Yeer or Detes:	160	Decedent's Usuel Occ	nunation		16h Kind of B			
15	C	Completed	(Specify only highest grad	de completed)	100.	Give kind of work do life. DO NOT use ret	ne during most of wo	rking	16b. Kind of B	usiness/in	uustry	
12	filed within Hygiene. other than	E	Elementery/Secondery (0-12)	College (1-4or 5	+)	DOMESTI	•		SOME OF	NE EL	SF HON	4F
	Hygin the		7th 17. Fether's Nema (First, Middle, Last)			DOMESTI		me (First, Middle,			011 1101	
an	S S S S	Be		TC				POWELL	111111111111111111111111111111111111111			
2	should be and Mentel marked o	10	PRESTON J. WATKIN		400	NA-W- Add - CO			0	0.4	0.41	
Maryland	0 0 0		19e. Informent's Neme/Reletionship (7 ALBERT HORSEY (SON			Meiling Address (Streets 15 MADISON						
	m 2					Disposition (Neme of	01. 1111.					
Baltimore,	00-		20e. Method of Disposition 1 □ Buriel 2 □ Cremetion 3 □	Removel from Stete	cemetery	, crematory or other p		Dete	20c. Location			
H	men men lury		4 ☐ Donetion 5 ☐ Other (Specify)	ANNAPOI	IS MEM. G.	ARDENS 5	17/96	ANNAPOL.	IS, M	.D •	
a	permit. Peg Department Important: If any Injury o		21. Signeture of Funerel Service Licen-	800		WM. REESE		DTILADV	D A			
Ш	80558		Lawy G. Le									
			23a. Pert1. Enter the diseese, or comp	lications thet caused	the death. Do n	821 WEST					Approximet Intervel Bet	te
	Physician	1	shock, or hearf feilure. List only o	one ceuse on eech iir	18.					i	Onset end	ween Deeth
2	/Medical		Immediate Cause (Final	Mat	astati	, humas	it carci	100,400		1	2	2100
	Examiner		diseese or condition resulting in deeth)	θ			Larci	rioma			z ya	ars
		a			Dua to (or as e c	onsequence of):				i		
	nsit n	Examiner		b						<u> </u>		
	and al-tra	Xa	Sequentielly list conditions, if any, leeding to immediate	_	Due to (or es e c	onsequence of):						
68760,	that the death certificate be executed ed by the attending physicien and detached for use es the burlet-transit		cause. Enter Underlying Causa (Disaese or Injury thet initieted events	c								
387	phys the	Medical	resulting in deeth) Lest		Due to (or as e co	ensequenca of):				-		
×	ding pl			d						I		
Box	attendii for use	ian								1		
o.	the the	Physician/	Pert II. Other significant conditions co	ntributing to death bu	it not resulting in	the underlying cause	given In Part I.	23b. Dld	tobacco use co	intribute to	the cause	of death?
۵.	that the di ad by the detached	P						10	Yes 2 No	3 Prol	bebly 4)	(Unknown
S	8 52	b										
070	requires been sign should be	Completed						24a. Wes perfo	en eutopsy rmed?	ev	ere eutopsy alleble prior t	to
S	28 28	pie									mpletion of o daath?	ause
2		Ю						10	Yes 2 No	1[☐Yes 2☐	No
ita		Bec	25. Was cese referred to medical				26. Place of De	eth (Check only o	one)			
of Vital Records,	Physician: this certific	0	examiner?	Hospitel:	nt 2 ER/Out	petient 3 DOA	Other	Home 5□ Resi		ner (Snecil	64)	54 1 5
0		T:U	27. Menner of Deeth	28a. Date of fnjur (Month, De)		me of 28c. In		1	how Injury occur		5/	
9	th. After fune	tloi	1 Neturel 5 Pending 2 Accident Investigation	(Month, Des	<i>r Year)</i> In		Vork? ☐ Yes 2 ☐ No					
S	or Attanding after death. Director: After d in by the fune	2 Accident 3 Sulcide 6 Could not be determined determined by the sulcidence of Injury - At home, ferm, street, fectory, office 28f. L								ber or Run	al Route Num	nber.
Division	or A after Direction	27. Menner of Deeth 1. Neturel 5 Pending Investigation 2 Accident 3 Sulcide 4 Homicida Homicida Homicida Sulcide 4 Homicida Homicida Line of Injury Sulcide 2 Sulcide 3 Sulcide 4 Homicida Homicida Line of Injury Sulcide 2 Sulcide 3 Sulcide 3 Sulcide 4 Homicida Line of Injury Sulcide 3 Sulcide 3 Sulcide 4 Homicida Line of Injury Sulcide 3 Sulcide 3 Sulcide 4 Homicida Line of Injury Sulcide 3 Sulcide 3 Sulcide 4 Homicida Sulcide 3 Sulcide 4 Homicida Line of Injury Sulcide 3 Sulcide 4 Homicida Line of Injury Sulcide 3 Sulcide 3 Sulcide 4 Homicida Line of Injury Sulcide 3 Sulcide 4 Homicida Sulcide 4 Homicida Line of Injury Sulcide 3 Sulcide 4 Homicida Sulcide 4 Homicida Sulcide 4 Homicida Sulcide 4 Homicida Sulcide 4 Homicida Sulcide 4 Homicida Sulcide 4 Homicida Sulcide 4 Homicida Sulcide 4 Homicida Sulcide 4 Homicida Sulcide 5 Sulcide 6										
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral		29a. Certifier DC Certifying Phy	reicien: To the best o	f my knowledne	deeth occurred et the	time date and place	a end due to the	causa(s) and m	90097999	teted	
	Hos 24 h Fun etely	edicai	(Check only 2 Medical Exam	iner: On the basis of end menner ste	axaminetion and	or Investigation, in m	y opinion, deeth occi	urred at tha time,	date and place,	end due to	the cause(s	5)
	To the within 2 To the comple	Me	29b. Signature end title of cartifier	ond mornor sto		29c. Lice	ense number		29d. Dete signe	ed (Month.	Dev. Year)	
	FRFÖ		OI I AM	1.		1	15029		Λ /	10	1001	
			Mar & VV	Vins 2		DC	りってい		IVIAY 1	4,1	1776	
			30. Name and eddress of person who c	D 4	eth (Item 23e) (7	ype, Print)	D. 1. 1	ΛΛ Λ.		1.1	771	1/1/1
			Charles W. KI	nzer, W	D, 200	3 Medical	Pkwy#1	UU, M	napolis	/ 1/1	V 41	TU
	Sta		31. Dete illo Alvonto, Paul 996	grand the	Signelland	122	/		4			
	Registr	ar		U	•							



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended #26.P.G.C. 5-10-96 CR Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month Year 1996 Willie Clifford Williams 4 2:30 PM May /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Mitchellville Prince George's 11805 Shadystone Terrace If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Yeer Birthpiace (Stete or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) **Funeral** Deys Months XXM 2 F Yrs **Director** 254 50 8086 59 June 14,1936 Georgia Usuel Residence of Decedent with the Merylenc 10a State 10c. City, Town or Location 10b. County 10d. Inside City Limits item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at Prince George's Mitchellville tXXYes 2 ☐ No Maryland Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? pemit. Pages 1 and 2 should be filed within 72 hours after deeth v Department of Heelth and Mental Hygene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examiner must once. 11805 Shadystone Terrace 20721 United States Funeral Reca - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus t√3 Yes 2 □ No If Yes, Give Yeer or Dates: 54-57 Baltimore, Maryland 21215-0020 1 ☐ Yes 2☐No Specify: þ 3 Divorced **Black** 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) US Supreme Court 5+ Lieutenant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Willie Mae Harris Nathaniel Z. Williams 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 11805 Shadystone Terrace Mitchellville Md. 20721 Betty J. Williams 20a. Method of Disposition

1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Pieca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 4 ☐ Donetion 5 ☐ Other (Specify) Hamblen Memorial Gardens 5/10/96 Morristown TN. 21. Signeture of Funeral Servica Licenses 22. Name end Address of Facility Robert E. Evans Funeral Home, P.A. Kolver nes 16000 Annapolis Rd. Bowie Md. 20715 -varis 23a. Part1. Enter the disease, or complications thet aused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heert failure. List only one ceuse on each line. Approximete Intervai Between Onset and Death Physician Immediate Cause (Finel disease or condition resulting in deeth) /Medical a. CARDIO PULMONARY ARRES M (mutr) Examiner Due to (or es e consequence of): Examiner MBGA STATIC CABTRIC CARCINONA physician end s the burial-transit The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, C. SAVRRB ANBRIA HUNTHS Physician/Medical Due to (or es e consequenca of): 88 DARS BLEEDING BULBSIINHC 980 for signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Y88 2 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings evailable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed page 2 1 ☐ Yes 2 ☐ No funerel director, 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 ☑ No 5 desidence 6 □Other (Specify) After this 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Tima of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Natural 2 Accident 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No or Attend after death Director: 3 ☐ Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stele) 4 I Homicide 24 hours

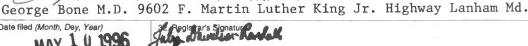
Medical completely To the I State

31. Date filed (Month, Dey, Year) 1 0 1996

29b. Signature and title of certifie

29e. Certifier

(Check only one)



30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Hedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Day, Year) 7 May 96

DHMH 16 Rev 6/95

Months

10f. Zip Code

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1	5	8	0	n
- 1	J	U	U	U

Physician	
/Medical	_
Examiner	4

1. Decedent's Name (First, Middle, Last) WHITLEY

XXM 2 F

2. Date of Death 30 1996 APRIL

2/2/1944

3. Time of Death 1720

Birthpiaca (State or Foraign Country)

North Carolina

10d. inside City Limits 1 Vas 2 □ No

P

4a. Facility Name (If not institution, giva street and number) PRINCE GEORGES HOSPITAL 4b. City, Town, or Location of Death CHEVERLY

If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

4c. County of Death PRINCE **GEORGES**

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Heelth and Mental Hydiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner rout be notified at once. Directo 2

Be

2

5. Social Sacurity Number-243-68-1898 Completed

Usual Residence of Decedent 10a. Stata MD P.G. 10a. Street and Number 3402 27th Ave. 11. Marital Status

1 ☐ Nevar Married 2 Married

3 ☐ Widowed 4 ☐ Divorced

12. Was Decedant Evar in U.S. Armed Forces? 1 ☐ Yes 2 No If Yes, Giva Yaar or Dates: 16a. Decedent's Usual Occupation

Coilege (1-4or 5+)

52

7. Aga (In yrs. last birthday)

Yrs

10c. City, Town or Location

Temple Hills

13. Was Decedant of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yes 2 No Specify:

14. Race - American Indian, Black

15. Decedent's Education (Spacify only highest grada complated) Eiamentary/Secondary (0-12) 12

(Giva kind of work done during most of working lifa. DO NOT usa retired) Fork Lift Operator

20748

16b. Kind of Businass/Industry Private

10g. Citizen of What Country? U.S.A.

17. Father's Name (First, Middle, Last)

unknown

immediate Cause (Final disaase or condition rasuiting in daath)

Cleo Whilley

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)

18. Mother's Nama (First, Middla, Meidan Sumeme)

Sarah Whitley wife 20a. Method of Disposition

19a. Informant's Name/Relationship (Type, Print)

20b. Place of Disposition (Neme of cematery, cremetory or other plece) Harmony Cemetery

3402 27th Ave. Temple Hills, Md. 20748 20c. Location - City or Town, State

Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licensee

5/8/96 Landover, Md. Hodges and Edwards 22. Nama and Addrass of Facility

Edward

3910 Silver Hill RD. Suitland Md. 23a. Pakf. Enter the diseasa, or complications that caused tha death. Do not entar tha moda of dying, such as cardiac or raspiratory arrast, shock, or haart failure. List only one cause on each line.

Physician /Medical Examiner

> 88 USB

signed by the e

108

this funeral

efter death.

Hospital 24 hours e Funeral

To the Hosp within 24 ho To the Fune completely f

9

filled in

by

å

Certification: To

Medicai

Records, P.O. Box 68760.

Division of Vital

Physician/Medical Examiner requires that the deeth certificate be executed physician and the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in daath) Last MUMPIE GUNSHOT WOUNDS to WASD Due to (or as a consequence of):

Due to (or as a consequence of):

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I.

23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown

24a. Was an autopsy

24b. Were autopsy findings available prior to complation of cause of death?

Approximate Interval Between Onset and Death

1 √Yes 2 No

1 Yes 2 No

25. Was case referred to medicat axaminer?
1 ☑ Yas 2 ☐ No

27. Manner of Death

1 Naturai

2 Accident

3 Suicide

4 Homicide

Hospital: 1 Inpatient 2 ER/Outpatient DOA 28a. Date of tnjury (Month, Day Year) rang 4-30-96

28b. Tima of Injury 90000

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yas 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

26. Piace of Death (Check only one)

SMIS JOUR KOUND SHOT. 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

29a. Certifier (Check only one)

23120 PARKWAI TEMPLETIUS PENG SIDENDLIK 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examtner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and little of certifier No.

5 ☐ Pending

6 ☐ Could not be determined

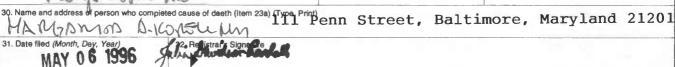
29c. License number O.C.M.E

29d. Date signed (Month, Day, Year) MAY 01,1996

State Registrar

31. Date filed (Month, Dey, Year) MAY 06

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 15801 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Deeth 3 Time of Death Month Day **Physician** Year 3, FANNIE LUERS WRIGHT 1996 May 11:10 am /Medical 4a. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Magnolia Gardens Nursing Home Prince George's Lanham 5. Sociel Security Number If Under 1 Yeer | If Under 24 Hrs. 6. Dete of Birth (Month, Day, Year) Sept. 2, 1 7. Aga (In yrs. last birthday) Birthpleca (State or Foreign Country) 6 Sex **Funeral** 1□M 2XF Months Days Hours Min. Yrs. 213-01-8929 99 Director 1896 Maryland Usual Rasidenca of Dacedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Nems 23s or 28s-1 show any Injury or other traumatic avent, the Medical Examinating the present and 2005s. 10a Stata 10h County 10c. City. Town or Location 10d. Inside City Limits 1⊠ Yas 2 No Director Prince George's Bowie 10e. Street and Numbar 10f. Zlp Coda 10g. Citizan of What Country? P.O. Box 173 20719 Funeral U.S.A. 12. Wes Decedant Evar In U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Raca - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yas, Give Yaar or Datas: 1 □ Never Married 2 □ Merried 1 Yas 2 No Specify: þ Specify: 3 ⊠ Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highest grada completed) Elemantary/Secondary (0-12) Collega (1-4or 5+) Proprietor - Owner Dry Goods Store 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Malden Surnama) Be Frank Bernard Luers Maggie Ann Disney 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Miss. Fannie L. Basim / niece P.O. Box 173, Bowie, Maryland 20719 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetery, cramatory or other place) Dete 20c. Location - City or Town, Steta 1 Burlei 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 Othar (Specify) Ft. Lincoln Cemetery 5/06/1996 Brentwood, Maryland 21. Signeture of Funaral Sarvice Licenses 22. Nama and Addrass of Facility Francis Gasch's Sons Funeral Home, P.A. 23a. Pent1. Enter tha disaese, or complications thet caused the deeth. Do not antar the mode of dying, such es cardiec or raspiratory arrest, shock, or haart failura. List only ona causa on each line. 4739 Baltimore Avenue, Hyattsville, MD 20781 Approximeta Interval Between Onsat and Death Physician /Medical Immediata Cause (Final disaasa or condition rasulting In daath) 105120515 Examiner Dua to (of es e consequence of): Examiner requires that the deeth certificate be executed physicien end the burial-transit Sequentially list conditions, if eny, laading to immediata cause. Entar Undarlying Cause (Diseasa or Injury that initiated evants rasulting in death) Last Dua to (olas a consequence of): Physician/Medical Due to (or as a consequenca of): attending pt signed by the a d be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings aveilable prior to completion of cause of daath? 24a. Wes an autopsy performed? page 2 certificate hes 1 Yas 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
24 hours efter death.
 Funeral Director: After this certifice 25. Wes casa refarred to medical examinar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient Othar: 4 Hursing Homa 5 Rasidence 6 Othar (Specify) 1 | Yas 2 | No 10 3 DOA funeral 27. Mennar of Death 28e. Deta of Injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 5 Pending Invastigation 1 MNatural 1 Yas 2 No 2 Accidant 6 Could not be datamined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) Placa of Injury - At homa, farm, street, factory, offica building, atc. (Specify) filled in by 4 Homicida 15 Certifying Physicien: To tha bast of my knowladga, daeth occurred at tha time, deta and placa, and dua to tha cause(s) and mannar as stated.
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha causa(s) and manner steted. 29a. Certifiar Medical ompletely (Check only one) 128 29b. Signatura and title of certifian 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print) Andrew Dobin, M.D.

Registrar

3231 Superior Lane #A-6, Bowie, Maryland 20715-2206 31. Deta filed (Month, Day, Year) a Registrar's Signety MAY 07 1996

Saltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

State of Maryland / Department of Health and Mental Hygiene 96

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	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	edical (29a. Certifier 1 Cartifyir (Check only one) 2 Medical	ng Physician: To the Examiner: On the b and mar	e best of my k basis of axami nner steted.	nowiedge, deet netion and/or in	h occurred at the	ha time my opi	e, date en inlon, dee	d piece, th occur	and due to the red et the time	ceuse(s)) and men d pieca, an	ner as stand dua to	ated. tha cause	9(s)
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		"	1. Decedent's Name (First, Middla, Le	est)				2. Dete of De	eth	W(50	3. Time of Death
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			Doctors' Commun	ity Hospital			Lanham		Princ	e Ge	orge's
	Funeral	5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. Months Days Hours Min							th ly, Year)		oleca (Stata or Foraign
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	show at st		10a. Stata 10b. County	10c. (City, Town o	or Location				1	10d. Inside City Limits
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	th with the Maryle 23a or 28a-f shoust be notified at	Director	10e. Street and Number			10f. Zip Coda			10g. Citizan of	Whet Cour	ntry?
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	Hems Per dea	Funeral	11. Marital Status	12. Was Decedent Ever In Armed Forcas?	U,S.	13. Wes Decedant of I If Yes, specify Cub	Hispanic Origin? (Spen, Mexican, Puarto	ecify Yes or No Rican, etc.)	- 14. Rec	e - Americ	can Indien,
Maryland 21215-0020		by	1 ☐ Never Merried 2 ☐ Married X3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Yeer or Datas:		1□ Yas 2□No			Specify		
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	icete be axecuted physician and s the burial-transit	cam	Sequentially list conditions,	Dua to	(or as a cor	nsequanca of):				1	
50,	oe axe cian a	E I	Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disaesa or Injury	C						-	
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	that the de led by the e detached t	ysic	Part II. Other significant conditions of	ontributing to death but not re	asulting In th	na underlying causa gi	van in Part I.	23b. Dld	tobacco use co	ntribute to	o the cause of death?
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Division of Vital	ing F	- P	27. Mannar of Deeth Matural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Tim Inju	iry Wo		28d. Dascribe	how injury occur	red	
Sign	Attending in death.	Cat	2 Accident Investigatio				Yes 2 No	OOI Location (Chant and Man	nos os Our	al Routa Number,
S	or Ai	ŧ	4 Homicide datermined	28a. Place of Injury - At building, etc. (Spec	cify)	, straat, factory, office		City or To		er or nors	Il Hobia ivanber,
	To the Hospital or Attending Phy within 24 hours effer death. To the Funeral Director: Affer thi completely filled in by the funeral	edicai Certification:	29a. Cartifiar	veleles. To the best of my k	anuladae d	looth accurred at the ti	me data and siece	and due to the	nauna(a) and my		tated
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	ithin 2 o the	Me	29b. Signatura and titla of cartitiar	and mornior statad.		29c. Licans	sa numbar		29d. Data signe	d (Month,	Day, Yaar)
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1	Physici	ian	Decedent's Name (First, Middle, Last)	1	/	1	111		2. Dete of De Month	eath Day	Year	3. Time of Death	
4	/Medi		VIVERT	H.	U	111	115		mac	1219	196	5:55 AN	
	Examir	ner	4a. Facility Name (If not institution, give street end not Prince George's Ho	spita1				Chev	erly	Princ		orge's	
۱	Funeral Director		5. Social Security Number 206-07-8355 6. Sex 1 № M 2 □ F	7. Age (In yrs. 94			Onths Days	If Under 24 Hours	Min. (Month, D			ace (Stete or Foreign try) sburgh PA	
	and w		Usual Residenca of Decedent 10a. Stete 10b. County	10c. Ci	ty, Town	or Locati	on				10	Od. Inside City Limits	
	a Mary	ctor	MD Prince George	e's		Ca	pital	Heigl	hts			1⊠Yes 2□No	
	with th	Dire	10e. Street and Number 5001 N. Englewood I	Orive		1	Of. Zip Code	2074	43	10g. Citizen of V	What Count	try?	
0	s 1 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. Health and Mental Hygiene. The marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evalution must be notified at	Funeral Director	11. Marital Stetus 12. Was Dec Armed Fi	edent Ever in U proes? 2 X No	I,S.				n? (Specify Yes or No Puerto Rican, etc.)	0- 14. Rac Bled	a - America ck, White, e	etc.	
005	ral', o	d by	3 ☐ Widowed 4 ☐ Divorced If Yes, G Year or D	ve lates:		1⊔	Yes 2 No	Specify:		Specify	e BI	ack	
215-0020	n 72 h	letec	15. Decedent's Education (Specify only highest grede completed)		(Give kind	's Usual Occup I of work done NOT use retire	during most o	f working	16b. Kind of Bu	usiness/Ind	lustry	
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pu	be filed tal Hygie d other evant, p	BeC	17. Father's Name (First, Middle, Last)		-				Name (First, Middle		10)		
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, Maryland	1 and 2 sho Haalth and I em 27 Is ma		19a. Informant's Name/Relationship (Type, Print) Mary Willis/Wife						o <i>r Rural Rou</i> te Numb d Dr. Ca				
ore	Pagas 1. nent of He rrt: If ther iry or oth		20a. Method of Disposition 1 □XBurial 2 □ Cremetion 3 □ Removal from	State 20b.	Plece of I cametery	Disposition, cremeto	n (Neme of ary or other ple	ce)	Date	20c. Location -	City or To	wn, Stete	
altimore,			4 ☐ Donetion 5 ☐ Other (Specify)		rmo	-	ſemori		5/8/96	Lan	dove	r, MD	
Bal	Departi Departi Importa any Inja		21. Signature of Funeral Service Licansee	a. Ton	,,		B. J		s Funera	1 Home			
			23a. Perfl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Interval Between Shock, or heart failure. List only one cause on each line.										
ox 68760,	Peath cartificate be assecuted a stranding physician and and a for use as the bunel-transit	in/Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underflying Cause (Disease or injury thet initiated events resulting in death) Last	Due to (by a or as a co	onsequen	Calof):	ula Puler	o acc	lent			
.O. B	requires that the death seen signed by the attar hould be datached for t	Physician	Part II. Other significant conditions contributing to d	eath but not res	sulting in t	the under	lying cause giv	ren in Pert I.		tobacco use co	ntribute to	the cause of death?	
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Record	2 S	Completed								s en autopsy ormed?	ava	re autopsy findings ilable prior to npletion of cause leeth?	
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of	5 00	To To	1 Yes 2 No Hospital: 1 27. Manner of Death 28e. Date		ER/Outp		DOA Oth	4 LI NUISI	ing Home 5 Res)	
	ftar	tlon	1 Natural 5 Pending (Mon	th, Dey Year)		ury	28c. Injur Wor M 1 □	yan k? Yes 2 □ No		how Injury occur	90		
Division	f or Attanding after death. Director: After d in by the fune	Certification:	Accident 3 Sulcide 4 Homicide New stigation M 1 Yes 2						28f. Location City or To	28f. Location (Street and Number or Rural Route Number, City or Town, State)			
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	To the To the Comp	M	29b. Signeture and title of certifier				29c. Licens			29d. Date signe	t (Month, I	Day, Year)	
			Rangfund				1)-2	2064	3	5/2	196		
	4		30. Name and address of person who completed cause Joseph Vaughn, M.D.	, 6492	La	ndov	t)	-	te B, La	ndover	, MD	20785	
1	Sta Registr		31. Dete filed (Month, Day, Year) MAY 0 8 1996	legistrar's Signa	ature	64							

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		1. Decedent's Neme (First, Middle, I	Last)					2. Date of D		Vac-	3. Time of Death	
Physic /Med		NOVILLA MAR	RGARET			WE	SCOTT		5-199	CYeer	2145	
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aftar daath v v items 23a oiner must	i Director	10e. Street and Number R.D. 1 Box 278				Zip Coda	10		10g. Citizen of	Whet Coun	try?	
	by Funeral	11. Marital Status 1 Never Merried 2 Marriad Widowed 4 Divorced	12. Was Decedent Armed Forces' 1 ☐ Yes 222 If Yas, Giva Yaer or Detas:	3				(Specify Yas or Norto Rican, etc.)			etc.	
d within 72 hours plene. r then "netural", fre Medical Ext	Completed by	15. Decedant's (Specify only highest g Elementery/Secondery (0-12)	Education preda complated) College (1-4or	5+)		work dona Tusa retired	oatlon during most of w d)	rorking	16b. Kind of B		lustry	
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0 0 D	Physician	Pert II. Other significant conditions		i tobacco use co	bacco use contribute to the cause of death							
a law requires has been sign ge 2 should be	Completed by P	CTASTRO INTESTINAL	REEDINZ				24a. Wa	s an autopsy formed?	24b. We ave con of c	re eutopsy finding illable prior to npletion of cause leath?		
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						Cer	tificate of	Death		Reg. No.		
	Physic /Medi		Decedent's Neme (First, Mide Gregory	Р.			White		2. Dete of I	Dey	1996	3. Time of Death 729ρ
	Exami Funeral	ner	4a. Facility Neme (If not Instituti Physicians M 5. Social Security Number	emorial Hos		t birthday)	If Under 1 Year	La PL	Hrs. 8. Dete of B	C	harles 9. Birthp	plece (State or Foreign
	Director		560-48-1561 Usuel Residence of Decedent	1 ∭ M 2□ F	59	Yrs.	Months Doys	110013	April	2, 19	37 New	plece (State or Foreign
	Ba-f ehow	ctor	0	rles	10c. City, T	dorf	cation				1	10d. Inside City Limits 1 X Yes 2 □ No
	ath with the 23 a or 2 well be no	Funeral Director	3609 Oabonne				10f. Zlp Code 20602			и.	S. A.	
020	gas 1 and 2 should be filed within 72 hours after death with the Maryland tof Health and Mental Hygiene. If Itam 27 is marked other than "natural", or Items 23a or 28a-f show or other traumatic event, the Medical Examina	by	11. Meritei Status 1 Never Merried 2 Ma 3 Widowed 4 Divorce	12. Was Decedor Armed Force 1 2 Yes 2 If Yes, Give Year or Dete	7956-19	11	Vas Decedent of Yes, specify Cul	ben, Mexican,	n? (Specify Yes or I Puerto Rican, etc.)		Rece - Americ Bleck, White, pecify:	
21215-0020	filed within 72 he Hygiene. Ither than "natusent, the Medical	Completed	15. Decede (Specify only high Elementary/Secondary (0-12)	est grade completed) Coilege (1-4	lor 5+)	(Give I	lent's Usuel Occu kind of work done DO NOT use retin	e during most of ed)	of working		of Business/In	dustry
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altimore,	Pa Int:		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (cem	etery, crem	sition (Name of natory or other pla natory	ry	Date 5/16/96	Salis	bury,	own, State Maryland
Bal	permit. Pag Department Important: I any injury o		21. Signature of Funerei Service	dale for	In Bri	Q C	atyen From	merachy gue, V	Ho ne irginia 2	3336		
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ox 68760,	iath certificata be axecuted attending physician and for usa as the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	6. AC1	Due to (or es			DIAL	TNE	ARCI	702	48 HRS
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tal R		Be Con	25. Wes case referred to medic	al				06 Piece	1 Deeth (Check only	Yes 2 1	No 1[Yes 2□ No
of Vi	5 00	To B	examiner? 1 ☐ Yes 2 No	Hospitel:	patient 2 ER	/Outpatient	3□ DOA O	hor	ing Home 5 ☐ Re		Other (Specif	y)
Division o	D 6 9	Certification:	Z E Accident	tigetion	Injury 28 Day Year)	b. Time of injury	28c. Inju	ny at ork?]Yes 2 □ No		e how Injury o	ccurred	
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	he Hosp in 24 hou he Funes plataly fil	edical	29e. Certifier (Check only one) 2 Medica	ng Physician: To the be I Examiner: On the bask end menner	is of examinetion	dge, deeth end/or inv	occurred at the t estigation, in my	ime, dete end opinion, deeth	pleca, and due to the occurred et the time	e ceuse(s) en e, dete end pla	d menner es s aca, and due to	teted. the ceuse(s)
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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· Carr	Physic /Medi		Decedant's Nan	na (First, Middla, I	MALCOLM	т.		Win	free	2. Date of Do Month	Dey 5	Year 96	3. Time of Death
)	Exami				niva street end numb NAL MEDIC		ITER		4b. City, Town, or SALISI			y of Death OMICO	
	Funeral Director	W	5. Social Security 214-10-90	026	Sex 7. V M 2□ F	Age (In yrs. I	.,	if Under 1 Yes Months Day			rth ay, Year) ,1912	9. Birthp Coun W/	iaca (State or Foreign try) VA •
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	1 to 20	Dire	10e. Street and Nu					10f. Zip Code			10g. Citizan of	What Coun	fry?
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	n 72 hours after death with the Marylend *netural', or frame 23a or 28a-f ahow folical Exprinter must be notflied at	by Funeral Director	11. Marital Stetus 1 ☐ Navar Mar 3 ☐ Widowed	ried Married	Armed Force 1\(\) Yes 2 1\(\) Yes, Giva	es? □ No		Yes, specify Co	f Hispanic Origin? (: uban, Maxican, Pue lo <i>Specify:</i>	to Rican, etc.)		ck, Whita,	atc.
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	n certifica ending ph	an/Medical	rasulting in death)	Last	d		enest	,					
	that the daath	Physicia	Pert ii. Other signi	ficant conditions	contributing to daet	h but not rasu	iting in tha un	dariying causa	givan in Part i.	23b. Did	tobacco use co	entribute to	the cause of death?
	at the	Phy								10	Yes 2□ No	3 Prob	bably 4 Unknow
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	- D 0	Completed					<u> </u>			24e. Wes	s en eutopsy ormed?	cor	ere autopsy findings allable prior to npiation of cause daath?
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	ysician: in is certificate director, per	Bec	25. Was case rafa	rrad to madical					26. Placa of De	ath (Check only	ona)		
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	al or Attenda s aftar deatl i Director: od in by the	Sertific	3 ☐ Suicide 4 ☐ Homicide	8 Coutd not datarmina	A Zoa. Pleca of	tnjury - At hor etc. (Specify	ma, farm, stra	at, factory, offic	е	28f. Location (City or To	(Street and Numi wn, Stete)	ber or Rura	i Routa Number,
4	to the pospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the funeral or the funeral	edical (29a. Certifiar (Check only one)	1 Certifying F 2 Medical Exa	Physician: To the beaminer: On the basis	s of examinati	riadga, daath on and/or inv	occurred at the astigetion, in my	time, data and place opinion, death occ	a, and dua to tha urred at tha tima,	causa(s) and m , data and place,	enner es st and due to	ated. tha cause(s)
44	within 2 To the	Me	29b. Signatura and	titla of certifiar	^	- v v		29c. Lica	nsa number		29d. Data signe	d (Month, I	Day, Year)
			1/2	man	in H	lhe	my	7	30743		5/	5/9	6
			-	. /	complated cause of	of death (Itam	23a) (Type, F	Print)	Quina	CI	C.I.	1.	C
			Ben	jamin 1	4. Meyer	Mi).	403	Guina	1 St.	Jalubi	ary. 1	ud.
	Sta Registr	_	31. Data filad (Mok	MAY '0"7	1996	a diwel	or Randa	ec,		/		,	
	ricgisti	WI			0		-						

and which plants we

The lew requires that the death certificate be execu P.O. Box 68760, Division of Vital Records, Hospital or Attending Physician:

with

Baltimore, Maryland 21215-0020

29a, Certifier

1 Certifying Phyelcien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner es steted.

2 Medical Examinar: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end manner steted.

29b. Signeture end title of certifier

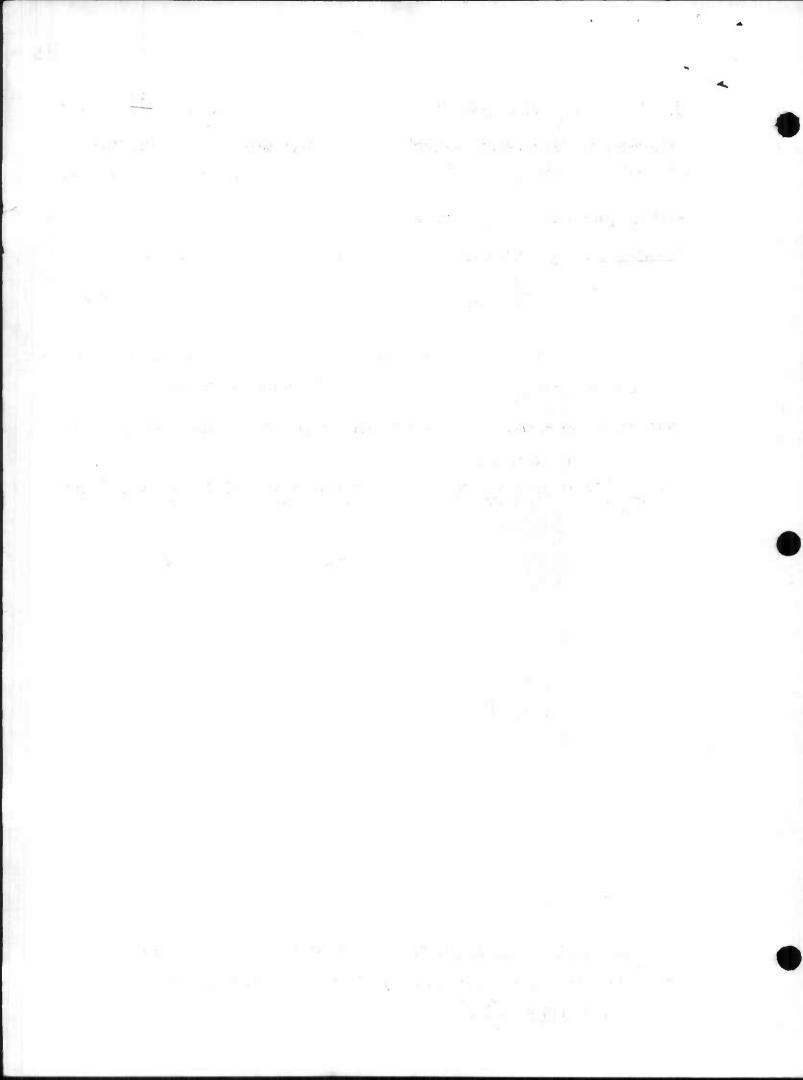
29c. License number

29d. Date signed (Month, Dey, Year)

44069

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) lob Milland St 12 104 Solisbury 100 21801 M cinderella

State Registrar 31. Dete filed (Month, Dey, Year) MAY 2 32. Registrer's Signature 9 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96

15810

						Cert	ificate o	of Death		Reg. No.		10010
	Dhusiai	25	1. Decedent's Neme (First, Middle, L	ast)					2. Dete of C		Voor	3. Time of Death
	Physici /Medi		George,	HUSTIN	J	R.			May	a4	96	D:83/ AM
	Examir		4e. Fecility Neme (If abt institution, gi	ve street end number)				4b. City, Town, o	r Location of Dec	eth 4c. Count	y of Death	
Ĭ		.3	ST. AGNES HOSPITA	L				BALTIMOR		N/	A	
	Funeral Director		219-05-9984	1XXVII a□ E	je (In yrs. iest b 73		If Under 1 Ye Months De			lirth Dey, Year) /22	Cou	plece (State or Foreign intry) YLAND
	pue *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Tox	wn or Loca	ation				т.	10d. Inside City Limits
	he Maryi 8a-f sho	Director	MD N/A		BALTI							1XXYes 2□No
	with the		10e. Street end Number	XXX 74 X7			10f. Zip Code			10g. Citizen of	What Cou	ntry?
	# 23	era	1100 WILDWOOD PAR	12. Wes Decedent	Ever le II S	12 W	212		Charify Van as h	US 14 Pe	oo - Amori	can Indien.
020	permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, I'm Macical Examinat river to a notified at once.	by Funeral	1 □ Never Merried 2 □ Merried XVWidowed 4 □ Divorced	Armed Forces? 1 X Yes 2 1 If Yes, Give Yeer or Detes:			Yes, specify C	of Hispenic Origin? (uben, Mexican, Pue lo Specify:	orto Rican, etc.)	Special	ock, White,	
5-0	72 hc	Be Completed	15. Decedent's E (Specify only highest gi	ducation	168	. Deceda	nt's Usuel Oce	cupation	ndkina	16b. Kind of E	usiness/in	idustry
21	ithin see	de la	Elementery/Secondery (0-12)	College (1-4or 5	5+)			ne during most of w ired)	O'Ally			
2	led w lygier nt. In	ပိ	9	-0-		CLE	RK	T		CLOTH		
anc	tal H	Be	17. Fether's Neme (First, Middle, Las		D					le, Meiden Surne		O.D.
Ž	d Mei	10		AUSTIN S				BESSI			PRINC	
Saltimore, Maryland 21215-0020	and 2 si eeith end n 27 is n		19e. Informent's Name/Reletionship MARGARET DURHA		R) 7	40 I	POPLAR	eet and Number or F				
ore	of H		20e. Method of Disposition 1 Disposition 3 ☐	Removel from State	comot	of Disposi e <i>ry, creme</i>	tion (Neme of story or other p	olece)	Dete	20c. Location	- City or To	own, Stete
Ë	Pag ment ant: I		4 □ Donetion 5 □ Other (Special		BALT	'IMOI	RE CEM			6 BALTI		
Sall	Depart Import any Inj		21. Signeture of Funeral Service Lice	nsee		1			PHILLI			HOME
ш	205 2 9		Dereta Flect	て CFSP	#281	17	721-27	N. MON	ROE ST	. BALTI	MORE	1249·
			23a. Pert1. Enter the diseese, or conshock, or heert failure. List only			not enter	the mode of o	tying, such es cardi	ac or respiretory	errest,		Approximete Intervel Between
	Physician /Medical		Immediata Cause (Finel	CAMDIAL	MUH							Onset end Deeth
3	Examiner		diseese or condition resulting in deeth)	е	Due to (or es a	consequ	ence of):					
1	D #	ner		ACUTE		ALDIA	_	FAMULTION			1	1 DAY
	ecute and trans	Examiner	Sequentially list conditions,	b	Due to (or es e	conseque	ence of):					
ó,	e exe		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	ATHEMSO	LENOTE (H	EART	DISEASE			i	YEARS
68760,	rtificete be executed ng physicien end s as the buriel-transit	Wedical	thet initieted events resulting in deeth) Lest	G	Due to (or es e	conseque	ence of):					
100	entific Sing p		L	d								
Box	eath ce ettendii for use	lan		4.								
	the characters and the	Physician/	Pert II. Other significant conditions	contributing to death be	ut not resulting	In the und	lerlying cause	given in Pert I.	23b. Di	d tobacco use co	entribute t	to the cause of death?
P.0	het the		CONGESTIVE HEA	AT FAILUR	UE				10	Yes 2 No	3 Pro	obably 4 Unknown
Division of Vital Records,	Attending Physician: The lew requires that the death ce or deeth. sctor: After this certificate has been signed by the ettendiby the funeral director, page 2 should be detached for use	d by								(DE-01-12-1	04h 14	fore enterent findings
Ö	requ been shoul	ete	TENAL FAILUR	E					per	s en autopsy formed?	ev	Vere eutopsy findings veilable prior to completion of cause
360	e lew has t	Completed	A. I	20515 14		Α.				1	of	ompletion of cause deeth?
<u>a</u>	icata		3.11	MENT CA	MINUMI	*			1[Yes 2 No	1[☐ Yes 2☐ No
\S	ysician: The last certificata hadirector, page	Be	25. Wes case rafarred to medical examiner?	Hospitel:				Whor	eeth (Check only			
o	Phys this rai di	- To	1 ☐ Yes 210 No 27. Menner of Deeth	28e. Data of Injur		utpetient Time of	3LI DON	4 LI Nursing		sidence 6 DOt		fy)
2	tending Phileeth.	No.	1 Naturel 5 ☐ Pending	(Month, De)		Injury	28c. In V	Vork? ☐ Yes 2 ☐ No	28g. Describe	a now injury occu	red	
Si	deeth deeth tor:	Cal	2 Accident Investigetion 3 Suicide 6 Could not to	00 00 01	un. Athama f				28f. Location	/Ctenat and Alum	has as Dua	ral Route Number,
N	or A efter Direction by	Certification:	4 ☐ Homicide determined	28e. Placa of Inju- building, etc	c. (Specify)	erm, stree	it, rectory, onic	20		own, State)	oer or nure	ar Houte Number,
,	Hospital 24 hours Funeral I	0	29a, Certifier 100 Certifying Pl	nysicien: To the best of	of my knowledg	e deeth c	occurred at the	time data and plac	se and due to th	a causa(s) and m	0000100	etatad
1	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi	edical	(Check only 2 Medical Exa	niner: On the besis of end menner ste	examinetion e	nd/or inve	stigation, In m	y opinion, deeth occ	curred et the time	e, dete end place,	and due to	o the cause(s)
	within 2 To the comple	X S	29b. Signeture end title of certifier		-		29c. Lice	ense number		29d. Date signe	ed (Month,	Dey, Year)
	->-0		> Viont Ma	Shailele			PI	1127		MAY 24.	1991	
		-	30. Name end eddless of person who	complated cause & d	eeth (Item 23a)	(Type P						
			VIPIT MANTADILL		T. ALNES		MAL	BACTIMO	RE MAR	CHAST		
	Sta	te	31. Data filed (Month, Dey, Year)	2 1- Pe Gogistre	ar a Dignature	-						
	Registr		MAY 2.9 1996	June newson	- Marine							

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

15811

					Cer	tilicate of	Death		Reg. No.		
Physic /Med		1. Decedent's Name (First, Middle, I Miriam P. A		z				2. Data of I Month May	25 Day 99	6 ^{Yaar}	3. Time for th 2:55
Exam		4a. Fecility Nama (If not institution, g Chesapeake H			ter		4b. City, Town ARnol	, or Location of De Ld	4c. County Anne	of Death Arui	ndel
Funera Director	_	5. Social Security Number 263 41 6730 Usual Residence of Decedent	Sex 1□M 2□XF	7. Aga (In yrs. lest 95	birthdey) Yrs.	If Under 1 Yea Months Deys			Dey, Year)	9. Birthpl Count U	ace (State or Foreign try) N.Y. SA
Maryland a-f show	tor	10e State 10h County	Arunde	1 Mill	own or Loc ersv	rille			- 20	10	0d. Inside City Limits 1 ☐ Yas ※☐ No
fer death with the Marylan ferms 23st or 28s-1 show ner must be notited as	al Director	10e. Street end Number 319 Chalet Di	rive			10f. Zip Coda 21	108		10g. Citizen of USA	Whet Coun	try?
15-0020 n 72 hours after death with the Maryland "natural", or items 23a or 28a-f show edical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowad 4 Divorced	Armed For	2 ⊠ No		Vas Decedent of Yas, specify Cu		? (Spacify Yas or luerto Rican, atc.)	No- 14. Rad Bla Specifi Whit		
2121 d within piene. r than	Completed	15. Decedent's (Specify only highest g Elementary/Secondary (0-12) 1 2	Education trade completed) Coilege (1-		(Give I iife. D	ent's Usual Occu kind of work done 100 NOT use retir retary	ipation a during most of ad)	working	16b. Kind of 8		ustry
Maryland 2 d 2 should be filled th and Mental Hygis 7 is marked other traumatic event, the	To Be C	17. Father's Nema (First, Middle, La: Abraham Penzi						Name (First, Midda a Y a kam		ne)	
re, Mar 1 and 2 sho Health and em 27 is m		19e. Informant's Name/Reletionship Marshall G. Anser			31	9 Chal		ve, Arn	old, Md	211	08
Baltimore, Noemit. Peges 1 and Department of Health important: If item 27 any injury or other uponce.		20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 4 □ Donetion 5 □ Other (Special Control of the Control		tate	of Dispos tery, crem	sition (Name of setory or other pi	ece)	5/27/9	6 Balt	City or To	
Balti permit. I Departm Importer Importer any inju		21. Signature of Funarai Service Lic	11 =	Con	. Н.	Name and Addi ardest	Fine	ral HOm	e, P.A.	, 12	Ridgely
Physician IMedical Examiner	ı	23a. Part f. Enter the disease, or co shock, or haart failure. List on Immediata Cause (Final disease or condition resulting in death)	mplications that cally one cause on as	used tha death. Dich line. Due to (or as	o not ente	or the mode of dy NOV CAC	ling, such as cal	Acceds	arrest,		Approximate Intervel Between Onset end Deeth
OX 68/6U, n certificate be executed anding physician end use as the buriel-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	b. Mer.	Due to (or es	a consequ	uence of):	Dem	enla			STRONG
hat the death deby the etter	Physician	Part II. Other significant conditions	contributing to dea	th but not resulting	g in the un	derlying ceuse g	iven in Part I.		d tobacco use co	ntribute to	the cause of death?
	b b							24a. W	as an autopsy rformed?	24b. Wa	ra eutopsy findings illable prior to appletion of ceuse
The lav	Completed							10	Yes 20No		leath? IYes 2□ No
VITAL I	Be	25. Was cese referred to medical examiner?	I la sa tha b					Death (Check onl	y one)		
Physic this o	2	1 Yes 2 No			Outpatient	3LI DOA		ng Home 5□Re)
Alending i	Certification:	27. Menner of Deeth 1 Natural 5 Pending investigati 3 Suicide 6 Could not determine	on be 28e. Place of	of Injury - At home, g, etc. (Specify)	o. Time of Injury farm, stre		Yes 2 No	28f. Location	e how injury occur (Street and Numl Town, Stete)		Route Number,
Hospital of Funeral District Inches In	edicai Cer	29a. Certifier (Check only one) 1 Certifying F	Physictan: To the barminer: On the base	est of my knowled	lge, death end/or inv	occurred et the t	ime, dete end p opinion, death o	iece, end due to the	ne cause(s) and me e, date end place,	enner es st	ated. the cause(s)
To the within To the comple	Mec	29b. Signeture and title of certifier			octor		sa number	54	29d. Dete signe	d (Month, L 28-	Pay, Year) 96
3		30. Name end eddress of person who				Print)	6, 64	ZNBUR	UIZ, M	DZI	061.
St Regist	ate rar	31. Deta filed (Month, Dey, Year) MAY 2 9 1996	32. Re	gistrer's Signatura	22						

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth May 19, **Physician** WALLACE DUANE BORTH 1996 1:30 p.m. /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1322 Turret Road Bel Air Harford 7. Age (In yrs. lest birthdey) If Under 1 Year It Under 24 Hrs. 5. Social Security Number 8. Dete of Birth Month, Day, Year) OCT. 26, 1943 9. Birthpiece (State or Foreign Country) North Dakota **Funeral** 1X M 2□ F Deys 52 Yrs. Director 255-68-2581 Usual Residence of Decedent the Marylend 10a, State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or flema 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1 ☐ Yes 2 X No Director Maryland Harford Bel Air 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1322 Turret Road 21015 U.S.A. Funeral 12. Wes Decedent Ever in U.S.
Armed Forces?
1 Armed Forces?
1 Armed Forces?
1 Kyes 2 No
1f Yes, Give
Year or Dates: Victnam Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Stetus 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry ified within 7 I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed wit. Department of Health and Mental Hygiene important: if item 27 is marked other than any injury or other traumatic event, Ins.) 2006. years Insurance Agent Insurance Company 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) George Borth Lydia Martin 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Donna E. Borth (Wife) 1322 Turret Road, Bel Air, Md. 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlel 2 Cremation 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Highview Memorial Gardens 5/23/96 Fallston, Maryland 22. Name and Address of Fecility Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Road, Bel Air, Md. 210 21. Signeture of Funeral Service License 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final 48 hours disease or condition resulting in death) Examiner met a static Cance Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that in-titated events resulting In death) Last Due to (or es e consequence of): and physician a s the buriel-P.O. Box 68760 (ell Cance-Tha lew requires that the death certificate be Physician/Medicai attending p 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown none signed t Records, þ 24b. Were autopsy findings evaileble prior to complation of cause of deeth? should s Completed 24e. Was en eutopsy 1 Yes 2 No 1 Yes 2 No certificate Division of Vital chitation Attanding Physician: The course after death.

There Director: After this certificate filled in by the funeral director, pa 25. Was case raterred to medical examiner? Be 28. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 2 2 No Certification: To 1 Yes 1 Inpatient 2 ER/Outpetlent 3 DOA 6 Other (Specify) 27. Manger of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Feneral C 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, date end place, end due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, dete end place, end due to the cause(s) end manner steted. 29e. Certifier Medical 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Kennell & Wahmann 30. Nema and eddress of person who completed causa of death (Item 23a) (Type, Print) 1916 Bel A.s UD Fallslow MD 21047

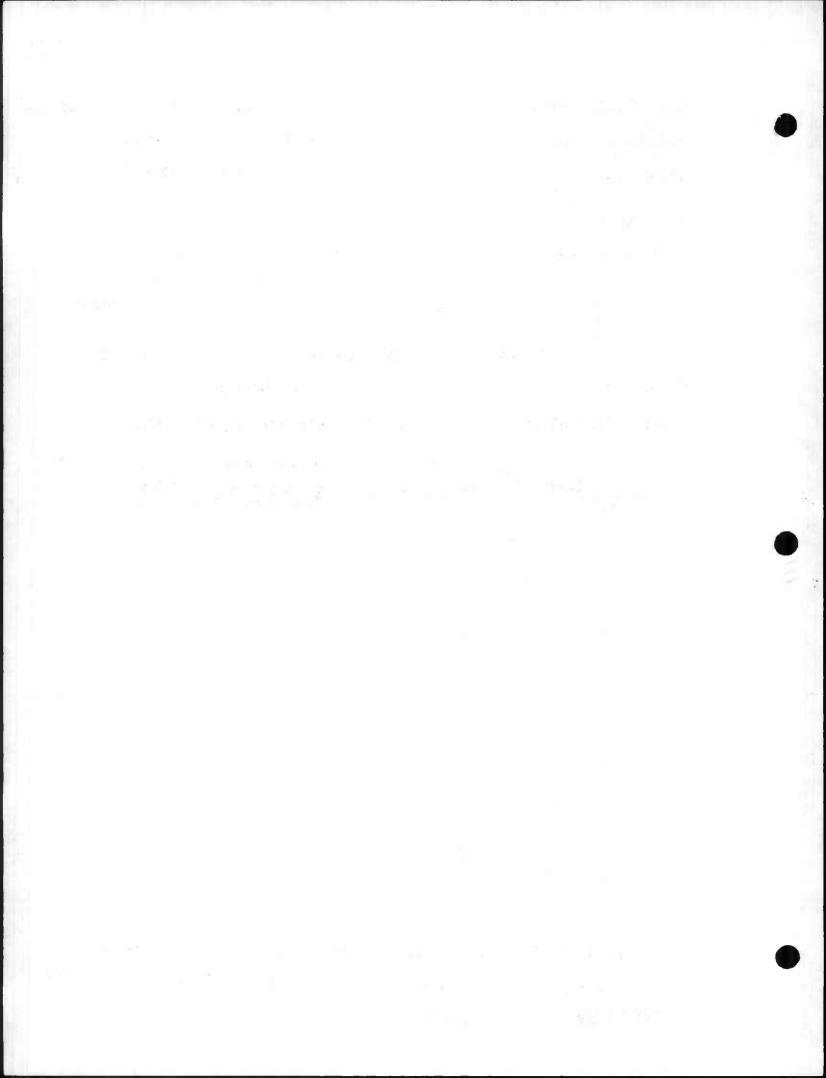
State Registrar 31. Date filed (Month, Day, Year) MAY 29 1996

Kenneth

32. Registrar's Signeture a Nevidson

Kochmann mo

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State

or Print in Black Indelible Ink. Assure	- 116	15012
e of Maryland / Department of Health and	Mental Hygiene 30	15813
Certificate of Death	Reg. No.	
	2. Data of Death Month Day Yaar	3. Tima of Death

May

24,

1996

12:47pm

Funeral Director Baltimore, Maryland 21215-0020

Physician

/Medical

Exami

1. Decedent's Nama (First, Middla, Last)

J.

Charles

permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Meryland Department of Heelith and Mental Hygiene. Important: if item 27 is marked other than "naturat", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner examt be notified at once.

Physician /Medical Examiner

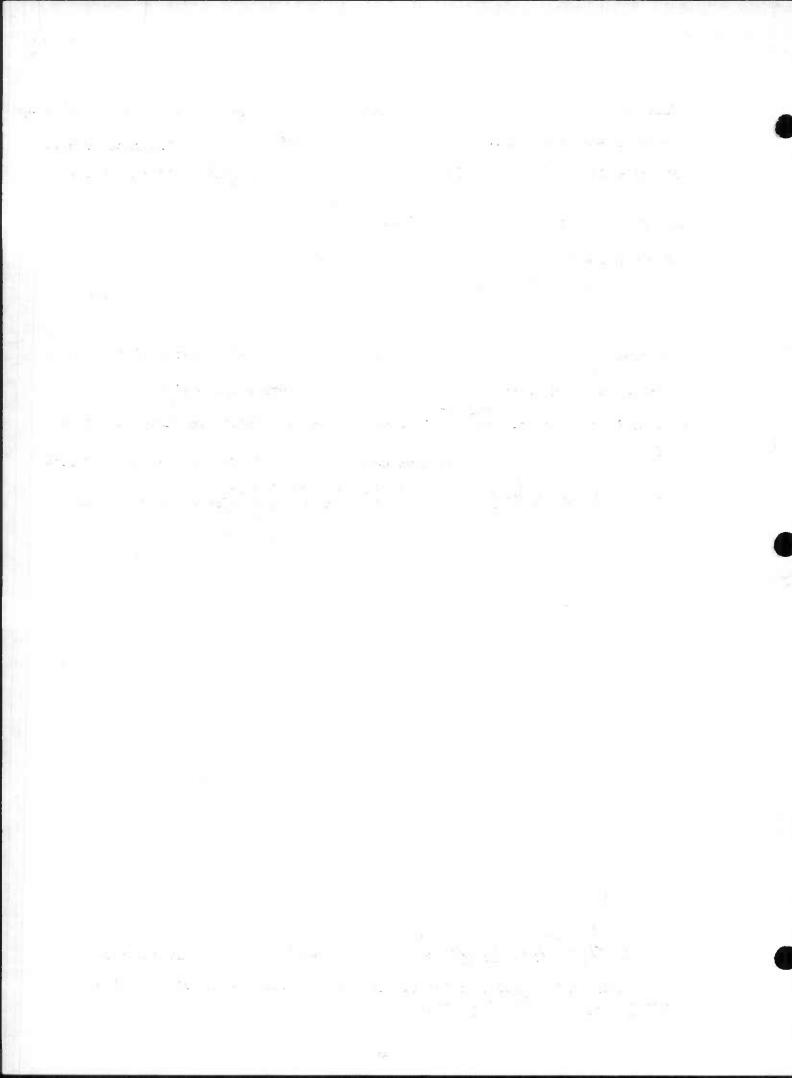
Division of Vital Records, P.O. Box 68760,

To the Proprial or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Euroral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit

4a. Facility Nama (if not institution, gr	The state of the s			}		or Location of Dea	4c. County	y of Death	1
Franklin Square			K I I		N/A				e County
	Sax 7. Aga 1□ _V M 2□ F	(In yrs. last birth	Mon	ndar 1 Yaar ths Days		in. 8. Data of B	irth lay, Yaar)	9. Birth	nplaca (Stata or Foreig unity) y Land
210-32-0000	X 201	59 Y	rs.			March	14, 1937	Mar	yIand
Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, Town	or Location						40d Janida Oib I I I I I
									10d. Insida City Limit
Maryland N/A		Balti	Lmore						1 Yas 2□N
10e. Street and Number			10f.	. Zip Coda			10g. Citizan of	What Cou	untry?
4415 Kenwood Ave	nue			212	06		U.S.	Α.	
11. Marital Status	12. Was Decedent E Armed Forcas?	var in U,S.	13. Was Do	ecedant of I	dispanic Origin?	(Specify Yas or Narto Ricen, atc.)	0- 14. Ra		ricen Indian,
1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowad 4 ☐ Divorced	1 ☐ Yas 2 N If Yas, Giva	0		s 2X No	Specify:	alto Filosii, atc.)		ick, Whita y: Wh:	
3 ☐ Widowad 4 ☐ Divorced	Yaar or Datas:		1010	19 220 140	эрвспу.		Specii	y: WII.	100
15. Decedant's E (Specify only highast gr	ducation	18a. l	Decedant's U	Usual Occup	oation	undkina	18b. Kind of B	usinass/ir	ndustry
15. Decedant's E (Specify only highast gr Elamantary/Secondary (0-12) 6th grade	Collega (1-4or 5-	+)	lifa. DO NO	T usa ratire	during most of v d)	VOIKING			
6th grade		P1	Lumber				Mitchel	1's	Plumbing
17. Fathar's Nama (First, Middla, Last)				18. Mothar'a N	lama (First, Middle	a, Maldan Sumar	na)	
Richard Marion E	arrett				Sopl	hia Lee	Steigerw	ald	
19a. Informant's Name/Ralationship	Type, Print) (Brot	her= 19b.	Malling Add	rass (Street	and Number or	Rural Routa Numi	ber, City or Town	, Stata, Z	'ip Code)
Raymond L. Branha			l2 Ari	zona	Avenue.	Baltimo:	re, Marv	land	21206
20a. Mathod of Disposition		20b. Place of I	Disposition ((Nama of		Data	20c. Location		
1 XBurial 2 Cramation 3 D			, crematory			E 20 04			
4 ☐ Donation 5 ☐ Other (Spacial 21. Signature of Funeral Service Lice	**	Oak Lav			ass of Facility	5-28-96	Baltimo	re,	Maryland
21. Signatura of Funarai Sarvice Lice	la la				Funeral	Home			
I come it you	xacev					Baltimo	re, Mary	land	21213
23a. Part1. Entar tha diseasa, or com shock, or haart failtera. List only	plications the coused in	tha daath. Do no	ot antar tha i	moda of dyl	ng, such as cerd	liac or raspiratory	arrast,		Approximata intarval Batween
									Onsat and Death
Immediata Causa (Final disaasa or condition	a Lung Can	oor							********
rasulting in death)		Oua to (or as a co	Negatience	of):				-	years
				0.7.					
Sequentially list conditions	b	Dua to (or as a co	nsaguance	of):				-	
Sequantially llst conditions, if any, leading to immediata causa. Entar Undarlying Causa (Disaasa or injury that initiated events resulting in death) I set				0.7.					
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Part II. Other significant conditions of	contributing to death but	not rasulting In	tha undariyir	ng causa gh	en in Part i.	23b. Did	tobacco use co	ntributa i	to the cause of death
						1	Yes 2□ No	3 Pro	obably 4 Unknow
								Tan	44-14-14-14-14-14-14-14-14-14-14-14-14-1
							s an autopsy ormed?	a	Vara autopsy findings vailable prior to
						-		0	completion of ceusa of death?
						10	Yas 2⊠No	1	☐Yes 2☐ No
25. Was cese rafarred to medicel					26. Placa of D	Daath (Check only	ona)		
axaminar? 1⊠ Yas 2□ No	Hospital: 1 Inpatian	t 2K ER/Out	atient 3	DOA Oth	or:	Homa 5□Ras		ar /Snen	ifv)
27. Manner of Death	28a. Data of injury (Month, Day		na of	28c. Inju			how injury occur		,
1 ☑ Natural 5 ☐ Pending 2 ☐ Accident invastigation		rear) Inj	ury M		nk? Yas 2∐No		•		
3 Suicida 6 Could not b	0 00- 01	y - At homa, fam	n, street, fac			28f. Location	(Street and Numi	ber or Ru	ral Routa Number.
4 Homicida detarmined	building, atc.	(Specify)		7, 550			wn, Stata)		
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une)	and mannar state	RO.				1			
29b. Signatura and the of certifiar	m. /	/ \		29c. Licans	e number		29d. Data signa	.a (Month,	, Day, Year)
· Wan	Monn	aun		D	24875		May 24	, 190	96
30. Nama and addrass of parson who	complated ceusa of da	ath (Itam 23a) (T	ype, Print)				220/ 24	,	-
Dan Morhaim, M.D	. 9000 Fra	nklin S	quare	Drive	e, Balti	Lmore, Ma	ryland	212	237
	2 32. Registrar	's Signatura					-		
31. Date (iled (Month, Day Year) MAY 29 1996	Ja varido	on-Handal	6						

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth RARNES **Physician** CRANK Month 19:30has MAY 23 1996 /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Northwest Hospital Center Randallstown Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Months, Dey, Year) | Oct 24, 19 5. Social Security Number 9. Birthplace (Stete or Foreign Country) Maryland 7. Aga (In yrs. lest birthday) Funeral 15₹M 2□ F Yrs. 88 1907 Director 215-03-0355 Usual Rasidenca of Deceden 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No. Directo Maryland Randallstown Baltimore 10a. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8 munt be Items 23s 9109 Liberty Rd. 21133 USA 12. Was Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2 ② No If Yes, Give Yaar or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Maritai Status 14. Race - American Indien. Bleck, Whita, atc. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 'natural', or 1 ☐ Yas 2 No Specify À Specify: 3 ☐ Widowed 4 ☑ Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry filed within 7 Hygiene. other than "n Elemantery/Secondery (0-12) Coilege (1-4or 5+) permit. Pages 1 and 2 should be filled w Department of Health and Mental Hygien Important; if them 21 is marked other this any injury or other treesment. Yard Manager Edrich Lumber Co. 12 years 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Sumame) Frank S. Barnes Lola Sanders 19a. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 9700 Old Court Rd. Richard Stansfield (Guardian) Baltimore, MD 20b. Piece of Disposition (Nama of cemetery, cremetery or other piece) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Buriai 2 ☑ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Othar (Specify) Carroll Cremation, Inc. 5-28-96 Hampstead, MD 22. Nama and Address of Feellity Loring Byers Funeral Directors, Inc. 21. Signature of Funaral Service Licensee 8728 Liberty Rd. Randallstown, MD 21133 23a. Puril En er the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, or heart failure. List only one ceuse on each line. **Approximeta** Intervel Between Onset end Deeth **Physician** /Medical SEVERE CONGESTIVE CARDIOMYOPATHY immediete Cause (Finel diseese or condition resulting in death) Examiner Examiner physician end sthe buriel-transit Dua to (or as e consequenca of):

Sequantially list conditions, if eny, leading to immediata cause. Enter Underlying Ceuse (Diseese or injury that initieled events resulting in deeth) Last

Dua to (or es a consaquanca of):

Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 Unknown

7 AI WRE RENAL

24b. Wara autopsy findings aveilable prior to completion of cause 24a. Was an eutopsy performed? 1 Tes 2 02 No 1 Yas 2 20No

25. Was case referred to medical 1 ☐ Yes 2, 1 No 27. Manner of Death

Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred

26. Piece of Deeth (Check only one)

28e. Dete of injury (Month, Dev Year) 5 Pending investigation 1 Naturel 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only one

MAY 29 1996

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and menner stated. 29d. Data signed (Month, Dev. Year) 29c. Licansa number

29b. Signeture and title of certifier

037333

1 Yes 2 No

MAY 23, 1996

30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print)

BALTO. MD 21133 MD, NHC RAVI 31. Dete filed (Month, Dey, Year)

Registrar

32. Registrer's Signeture

P.O. Box 68760.

Records,

Division of Vital

The lew requires that the deeth certificate be

signed by the e

certificate hes tirector, page 2 s

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica stely filled in by the funeral director, I

To the Hospital o within 24 hours aft To the Funerel Di completely filled fr

Physician/Medical

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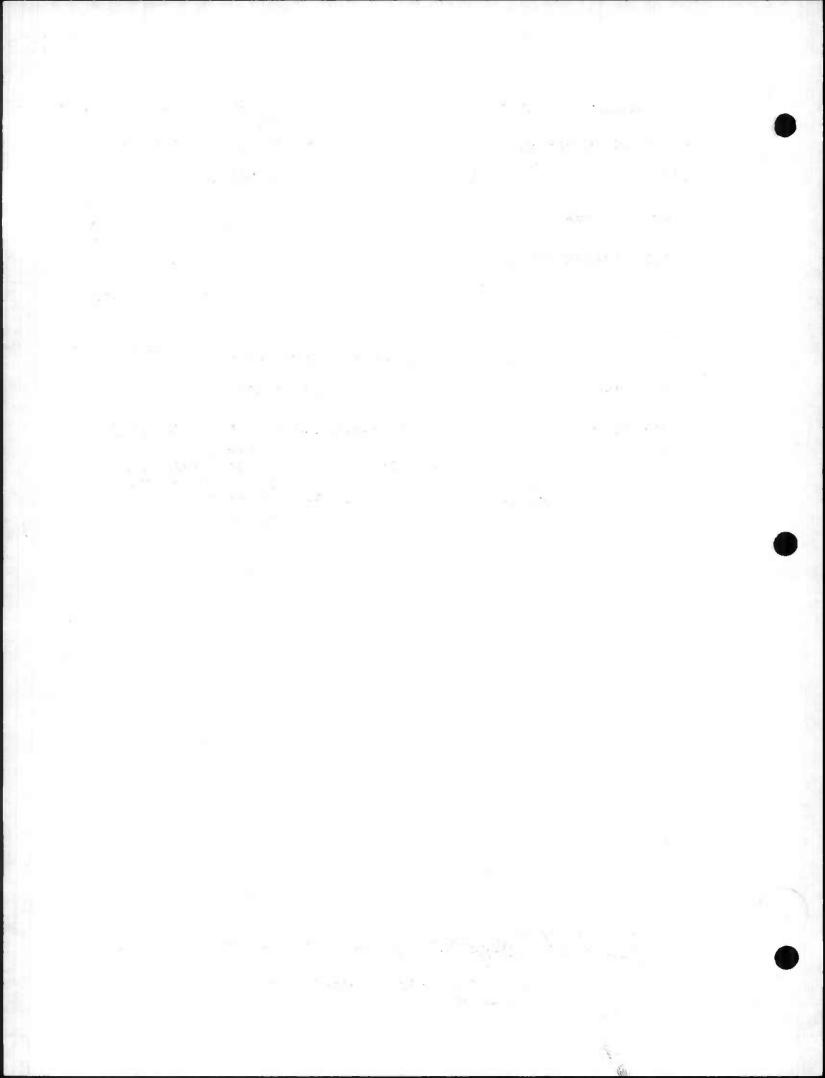
State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** May 1996 2 7ª BOYD Stanley 7:15 PM ADDISON /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** FRANKLIN SQUARE HOS BALTO Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Months 10XM 2□ F Yrs. Director 217-66-5523 39 MAR 2, 1957 SC Usual Rasidance of Dacedani the Meryland 10a. Stata 10b. County 10c. City, Town or Location r than "natural", or itema 23a or 28a-f ehow the Medical Examiner must be notified at 10d. Inside City Limits X□ Yas 2□ No N/A Director MD BALTO 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? With 6004 FRAMINGHAM RD 21206 Funeral U.S.A. 12. Was Decedant Evar In U.S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No. If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 72 hours efter 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas ② ☐ No Specify: Specify BLACK Š 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grade completed) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Heelth and Mentel Hygiene. Important: if tem 27 is marked other than "rany injury or other traumatic aware Eiamantary/Secondary (0-12) Collega (1-4or 5+) GAS STATION 10 + hGAS STATION ATTENDANT N/A 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be PAUL THOMPSON EBBIE BOYD 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) EBBIE BOYD 6004 FRAMINGHAM RD BALTO, MD 21216 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata Warial 2 ☐ Cremation 3 ☐ Ramoval from State MAY 31 4 ☐ Donation 5 ☐ Othar (Spacify) BALTO, CEM BALOT, MD 96 22. Nama and Addrass of Facility ETTS FUNERAL HOME 21. Signature of Funaral Sarvice Licensee, 1129 N. CAROLINE ST BALTO, MD 21213 rece 23a. Part. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** Immediata Causa (Final disease or condition rasulting in death) /Medical 5 Years Chronic Renal Failure Examiner Dua to (or as a consequance of): Examiner 5 Years Essential Hypertension sician and buriel-transit Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated exects. Due to (or as a consaquance of): Box 68760 attending physician for use es the burie Chronic Heroin Abuse certificate be Physician/Medical that initiated events resulting in death) Last Dua to (or as a consaquance of) P.O. 1 signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1y Yes 2 No 3 Probably 4 Unknown Records, À 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed Deed The lew page 2 certificate hes 1 Yas 21 No 1 TYAS 2 No **Division of Vital** Attending Physician: Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) ٩ 1 Yas 2 No 1 Inpatiant 2 □ ER/Outpatiant 3 □ DOA After this 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 27. Mannar of Death Certification: 28b. Tima of 28d. Dascribe how injury occurred 1 Natural 5 Panding invastigation Injury death. 1 Yas 2 No after death 2 Accidant 8 Could not be datarmined 3 ☐ Sulcida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) à 4 Homicida ò hours the Funeral 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiai (Check only within 24 20b. Signature and title of ceryfler 29c. Licansa number 29d. Data signed (Month, Day, Year) AF-232 84/2-1887 96 II MD 30. Nama and address of person who completed cause of death (item 23a) (Type, Print) 9000 Franklin Square Dr. Dward H. Balto, Md. 21237 Faringhan 31. Data filed (Month, Day, Year) State Registrar

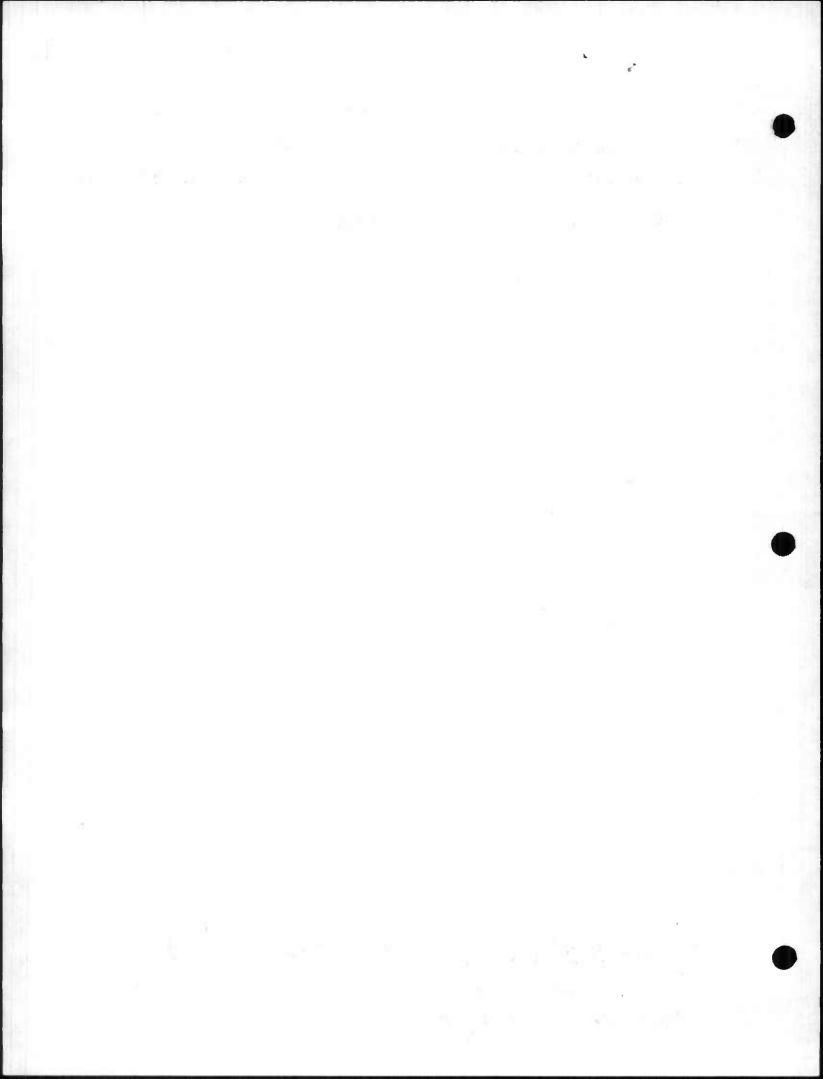
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State of Maryland / Department of Health and Mental Hygiene

		->					Certifica	te of	Death		Reg. No.			
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Funeral Director		5. Sociel Security Number 218-26-044	2 6. 5	Sex 7. A	ge (In yrs. 74		Months	or 1 Year Days	Hours Min	. (Month, D	orth (ay, Year)		ce (Stete o y) VA	ir Foreign
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Joual Rasidence of Decedant Oa. Steta Oa. Steta IOb. County Md. Balti Ob. Street end Number 2911 Second Av 1. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced (Specify only highest green in the status) 7. Father's Name (First, Middla, Last) Charles McDermott 19a. Informant's Neme/Ralationship (Informant's Neme/Ra	BONSAL a street and number) Hospital ex	. City, Town Parkv:	Months or Location ille 10f. Z 13. Wes Declif Yas, sp 1 Yas	ip Coda 212 edant of ecify Cul 2 No	Baltimo	s. a. Date of Bir (Month, Dr. April	Balting the veer of U.S.	9. Birthpli Count New	York od. Insida Cit; 1□ Yas ry? en Indien, stc.
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art II. Other significant conditions co	ontributing to death but not	rasulting in t	ha undarlylng	causa g	iven in Pert I.	23b. Dld	tobacco use co		
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5. Was cese refarred to medicel					26 Place of De			10	1163 201
axaminer?	Hospital: 1X Inpatient	2 ER/Outo	atlent 3 C	OA OI	hor			ner (Specify)
7. Mannar of Death									
2 ☐ Accidant Invastigation		7 1119	M						
3 Suicide 6 Could not be 4 Homicide detamined	286. Place of Injury - /	At homa, fam ecify)	n, street, fecto	ry, office				ber or Rural	Routa Numb
(Check only 2 Msdical Exam	iner: On the basis of axen	knowledga, onination and/	death occurred or Invastigatio	at the t	ime, date end plac oplnion, death occ	e, and dua to tha urred at the tima,	causa(s) and m data and place,	annar es ata and dua to	ated. the ceuse(s)
9b. Signatura and titla of certifiar	GIIG III AIII AII SIAIGG.		29	c. Licen	se number		29d. Date signs	ed (Month. D	Day, Year)
//	9/11/11	MD							
14		1-		2702			,,		
5.	ause (Disasas or Injury at Initiated events sulting in death) Last Int II. Other significant conditions of the conditio	ause (Disaase or Injury at Initiated events sulting in death) Last Dua t d	. Was cese referred to medicel axaminer? I Natural Suicide A Conditions Contributing to death but not resulting in the suitin	Dua to (or as a consequence of) d. It II. Other significant conditions contributing to death but not rasulting in the underlying in death. Was cese referred to medicel axaminer? Hospital: 1 Inpatient 2 ER/Outpatient 3 D Mannar of Death 1 Natural 5 Panding Invastigation 2 Accidant 3 Suicide 4 Homicide 28e. Data of Injury (Month, Day Year) 28b. Time of Injury M 28e. Place of Injury - At home, farm, street, fector building, etc. (Specify) 18. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred cond mannar stated.	Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a	Dua to (or as a consequence of): Dua to (or as a consequence of):	Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a	Due to (or as a consequence of): d. Due to (or as a consequence of):	Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of):

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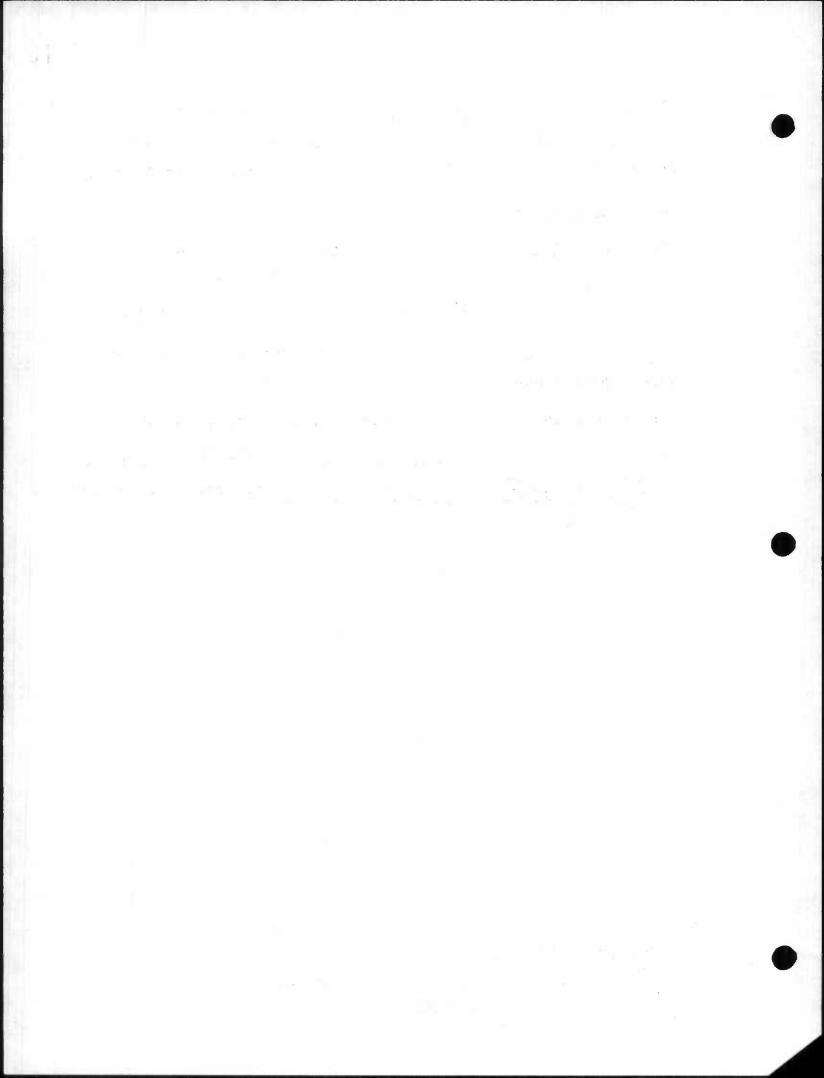
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg No.

						001	incate	n Douth		Reg. No.		
	Physic	ian	Decedant's Nama (First, Middle T.) C. O.)	a, Last)	a	1.1.			2. Data of D Month	eath Day	Yaar	ima of Death
	/Medi		Joseph L		DUC	Kley		4. 63	May	24,1	7 1 10	143
	Exami	ner	4a. Facility Nama (If not institution			1			r Location of Dea			1
			Baltimore V. A					Baltim		Balt		ity
	Funeral	М	5. Social Security Number	6. Sax 7. Aga 1 □ 4M 2 □ F	a (In yrs. Ia 49		If Undar 1 Ya Months Da			rth ay, Year)	9. Birthplaca (5 Country) N.Y.	State dr Foreign
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	M et l	octo] 185 ZAJ 190
	1 4 5 5 C	Director	10e. Street and Number 830 Cedar Dr	ivo			10f. Zip Cod			10g. Citizan of	What Country?	
	23a		OSO CCUAL DI	116			2073	0 1		USA		
	s 1 and 2 should be filed within 72 hours aftar death with the Maryland Haelth and Mental Hygiene. Item 27 is marked other than "naturs!", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be northed a	Funeral	11. Marital Status	12. Was Decedent I Armed Forcas?		. 13. W	as Decedent of Yas, specify C	of Hispanic Origin? Suban, Maxican, Pu	(Specify Yas or Narto Rican, atc.)	o- 14. Rad	ce - Amarican Ind ck, Whita, atc.	ian,
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yla	should be nd Mental marked o	To Be	Joseph Danie	er Buckley				нете	n Ward			
Maryland	and and		19a. Informant's Name/Raiations					eet and Number or				
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re			20a. Mathod of Disposition		20b. Pia	ce of Dispos	ition (Nama of atory or other	place)	Data	20c. Location	City or Town, St	ata
E	Page ent o nt: If		1 Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (St			-	emeter		5/29/9	helten	ham, M	Б
Baltimore,	permit. Page Department of Important: If any Injury or		21. Signature of Foneral Service I		1	22	Nama and Ad	drass of Facility				
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			23a. Part . Enter the disease, of shock, or heart tailure.	only one cause on each lin	18.	DO NOT ARITA	i tria moda ot i	bying, such as card	ac or raspiratory t	arrast,	intary	oximata rai Batween t and Death
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of Vital	Physician: The this certificate ral director, peg	Be	25. Was cesa retarred to medicei axaminar?					28. Place of D	eath (Check only	ona)		
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0	ding Ph h. Aftar th funeral		27. Mannar of Death 1 Naturai 5 ☐ Panding	28a. Data of Injur (Month, Day	y Year) 2	8b. Tima of injury	28c. tr	njury at Work?	28d. Dascribe	how injury occur	red	
<u>Ö</u>	Attending or death. Sctor: Attached by the fune	atic	2 ☐ Accidant invastig	ation	,	,,		☐ Yas 2 ☐ No				
Division	or Attendated after death Director:	ti fic	3 ☐ Suicida 6 ☐ Could n 4 ☐ Homicida datarmi	nad 28a. Place of inju- building, ato		a, farm, stre	at, tactory, offi	ce		(Street and Numb wn, Stata)	ber or Rural Route	a Number,
Q	tal or y	Certification:	V Carrollada	building, are	(Opecity)				Only or 10	m, otata)		
1	22 6 5	al	29a. Cartifiar 1 Certifying	Physician: To the best o	t my knowl	edga, daath	occurred at the	tima, data and pla	ce, and dua to the	causa(s) and ma	annar as stated.	
1	F 4 5 8	edical	(Check only 2 Madical E	xaminar: On the basis of and mannar sta	axaminatio ted.	n and/or inve	astigation, in m	y opinion, daath oc	curred at tha tima,	, data and place,	and dua to tha ca	iusa(s)
	With To B	×	29b. Signatura and titla of certifiar				29c. Lica	ansa number /7.	-10156	29d. Data signe	d (Month, Day, Y	ear)
	/		Minty)	1.7/.6.	mi					May 2	4.1991	
I	10		30. Nama and addrass of person v	who complated cause of de	anth (Item 2	3a) (Type P	trint)			may 2	1110	
			Baltimore V.A					Baltimo	re mi	21201		
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	518	ite	31. Data tiled (Month, Day, Year)	- ~ will ason	Mark	-						



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U		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	N	R			2. DATE OF OEATH DA	Y YEAR	3. TIME OF DEATH
Minnie Mo	Car 90	Drow	27		May 20	1996	8:00 PM
4. SOCIAL SECURITY NUMBER 2/9-/8-882/	5. SEX			UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	923 V	THPLACE (State or Foreign ntry)
90. FACILITY NAME (If not institution, give 2232 Pemrose	Avenue	,	Baltim	OCATION OF DEA	тн	9c. COUNTY OF	
2232 Remrose RESIDENCE OF DECEDENT 100. STATE 100. COUNT 100. STATE	7		TOWN OR LOCATION			7 7 -1 -	10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	NA	Dal	timore				1 X YES 2 NO
2232 Penro.	-	· e	21	223		10g. CITIZEN OF	S. A.
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO		Cuban, Mexican,	C ORIGIN? (Specify Yea Puarto Rican, etc.)	Bis	CE — American Indian, lick, White, etc. Black
15. OECEDENT'S EDI (Specily only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATION rk done during most of retired.)	working	16b. KIND OF BUS	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	NA	Cu5+	odian	MOTHER NAME	E (First, Middle, Maiden	siture	·
Wyatt Mic	Cargo	Brows	n "	Hele	n Dus	Surrame)	
190. INFORMANT'S NAME (Typo/Print)	n	19b. MAILING A	ODRESS (Street and P	SP Aure	By Hior	n, State, Zip Code)	21223
20e_METHOD/OF DISPOSITION 1	novat from State	20b. PLACE AND DATE OF cemetery, crematory or oth	er place) Ceda	174111	DATE 200. LO	CATION — City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE L	C. Tru	las		CC4//		Baltin	meral Seru more, md. 21217
23. PART i. Entar tha diseases, or shock, or haart failura.	complications that cause o		t enter tha moda	of dying, such	sa cardisc or resp	ratory arrest,	Approximata interval Batwean
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	. ASC	CVD					Onaet and Death
	DUE TO (OR /	AS A CONSEQUENCE OF)	:				0
Sequantially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE OF)					
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	C. DUE TO (OR A	AS A CONSEQUENCE OF)					
PART II. Other significant condition	ns contributing to deal	h but not resulting in	the underlying ca	euse given in P	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
10					1 □ YES 2	NO NO	OF DEATH?
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE	OF DEATH YES		UNCERTAIN			
EXAMINER?	HOSPITAL:		OTHER:				
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. TIME	OF 28c. INJURY	AT	26d, DESCRIBE HOW I	NJURY OCCURED	
	(Month, Day, Ye.	ar) INJU		2 NO			
2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide determined	25e. PLACE OF INJ building, etc. (URY — At home, farm, st Specify)	reet, factory, office		281, LOCATION (Street City or Town, State)	and Number or Rura	ni Route Number,
onel	SICIAN: To the best of my k						e(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE THE STATE OF THE ST	JUG -		29	D 26 2		29d. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	POO WE	Shungl	my by	Ind B	alte	MD 21230
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S S	HIGHAT HANDE	4		4.411		

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

6

LLABALTIMORE, MARYLAND 21215-0020

MAY 29 1556

2000 X

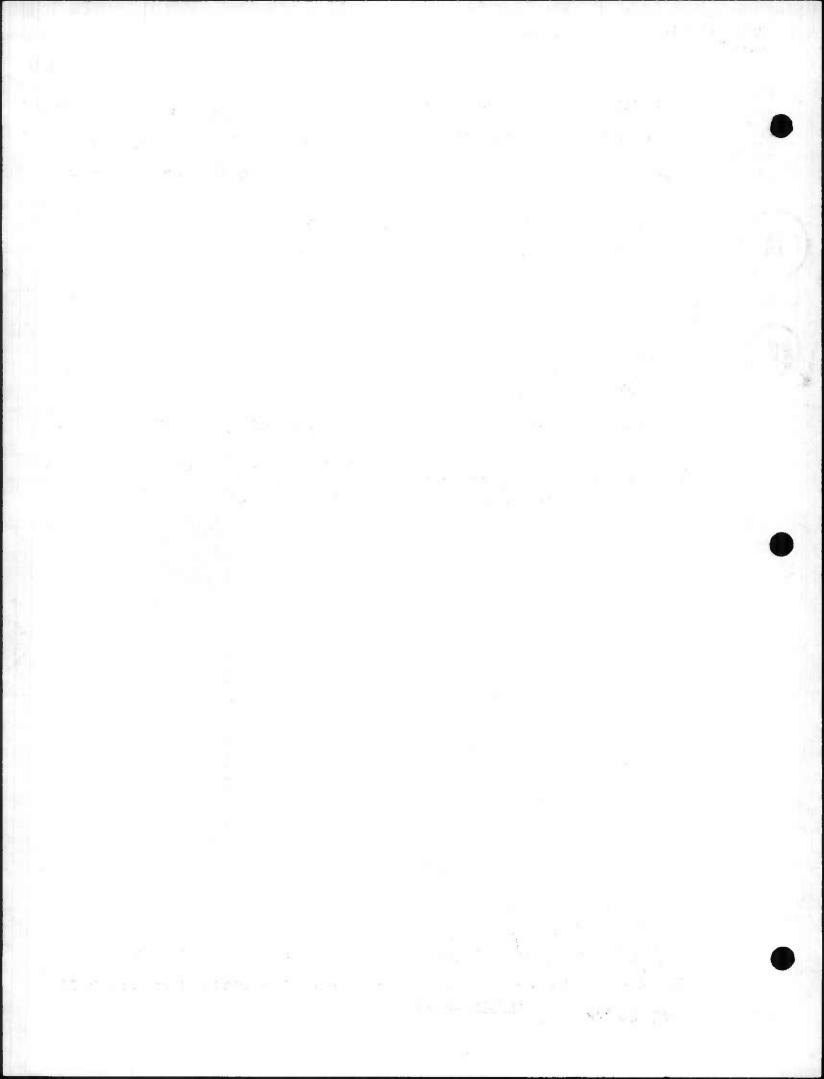
Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

15820

				Cer	tificate of	Death		Reg. No.		0020
Physician	me (First, Middla, La								Vaar	
dical WALTE	R	В	RADFO	RD			2. Deta of Death Month Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 22 1996 Day Yaer MAY 24 1996 Day Yaer MAY 24 1996 Day Yaer MAY 2 2 1996 Day MAY 22 1996 Day Yaer MAY 22 1996 Day MAY 22 1996 Day MAY 22 1996 Day MAY 22 1996 Day MAY 22 1996 Day MAY 22 1996 Day MAY 22 1996 Day MAY 22 1996 Day MAY 22 1996 Day MAY 22 1996 Day MAY 22 1996 Day MAY 22 1996 Day May Yaer MAY Yaer MAY And Day Yaer MAY 22 1996 Day MAY 22 1996 Day May Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY And Day Yaer MAY 22 1996 Day May 22 1996 Day May 22 1996 Day May 22 1996			
	(If not institution, given ORTH MOU							100		
					Whiteday		2. Deta of Death Month Day Ya MAY 22 199 or Location of Daeth 4c. County of D BALT MORE BALT IND. 8. Dete of Birth (Month, Day, Year) NOV. 5, 1936 M Specify: 10g. Citizan of What USA. (Specify Yes or No-erfo Rican, atc.) (Specify Yes or No-erfo Rican, atc.) 16b. Kind of Busine SELF—Nama (First, Middle, Maldan Surname) E CART Rural Routa Number, City or Town, State Siac or respiratory errest, 23b. Did tobacco use contributives a Data 20c. Location - City BALTIMORE BALTIMORE 23b. Did tobacco use contributives a Disease 2 No 3 Death (Check only ona) g Home XRasidence 8 Dothar (Section of City or Town, State) 28d. Dascribe how injury occurred 28f. Location (Street and Number of City or Town, State) 29d. Dete signed (May 22, 199 And The Countries of City or Town, State) 29d. Dete signed (May 22, 199 And The Countries of City or Town, State)			
5. Sociel Security 213-34-03 Usual Residance	316	Sex 1 M 2 □ F	7. Age (In yrs. I 59	est birthdey) Yrs.	If Undar 1 Yea Months Days		8. Dete of Bir (Month, Da NOV . 5	th ly, <i>Year)</i> 1936	9. Birthplace Country) MARYL	(Stata or Foreign AND
10e. Stata	10b. County		10c. City	, Town or Lo	cation				10d.	Insida City Limits
MARYLAND	BALTIN	MODE		DA1	TIMORE	CITV				1 Yes 2 No
10e. Street and N		IOIL		DAL	10f. Zip Coda			10g. Citizan of	What Country?	
MARYLAND BALT. 10e. Street and Number 1514 NORTH MOUNT 11. Marital Status 1 (X) Nevar Married 2 Marrie 3 Widowed 4 Divorced 15. Decedant's (Spacify only highest Elamantary/Secondery (0-12)		STREET				21217		LISA	1	
11. Marital Status		12. Was Dece	dant Ever in U,	S. 13. V	Vas Decedant of	Hispanic Origin? (S	pecify Yes or No		ce - Amarican I	ndian,
3 Wildowed 4 Divorced 15. Decedant (Spacify only highes Elamantary/Secondery (0-12) 10th GRADE 17. Fether's Nema (First, Middla, in the content of the co		1 Tas If Yes, Give	2 No		Yas 2 No		to ricall, atc.)			CK
De JSo	15. Decedant's E	ducation		16a. Deced	ent's Usuel Occi	upation	deina	16b. Kind of B	usiness/Indust	ry
Elamantary/Se	condery (0-12)	Collaga (1-	4or 5+)			a during most of wo ed)	iy			
3 10th GR/				HOM	IE IMPRO		depth of the second			DYED
17. Fether's Nem			D D				ma (First, Middle,			
P		BRADFO	אט	400 55 00	a la la constitución de la const	LOUISE	2. Deta of Death Month Day MAY 22 1 or Location of Daeth MORE B/ MORE B/ Hrs. 8. Dete of Birth (Month, Day, Year) NOV. 5, 1936 10g. Citizan of US/ (Specify Yes or No- uerto Rican, atc.) 16b. Kind of E Specific Working 16c. Counting 16b. Kind of E Specific Working 16c. Counting 16c. Counting 16c. Counting 16c. Counting 1			
		Type, Print)								
20a. Method of Di		LIV I	20b. P	lace of Dispos	sition (Nama of					
1√ Burial	Cremation 3		tata	ematery, crem	netory or othar pl		Se Hil			
6	5 Other (Specificant)		IMI,		CEMETER'	Character and the Control of the Con	-28-96	BALTIMO	RE, MAI	RYLAND
Signature 8	11600	105		7	OSEPH H	BROWN J	R. FUNER	AL HOME	РΛ	
230 Pull 6	the dispass or com	D)//	used the death	Do not entr	140 N.	FULTON AV	ENUE, BA	LTIMORE	MD.	21217
shook or he	art failura. List only	ona cause on as	ich lina.	i. Do not ante	ii tha moda or dy	ring, such as cardia	c or respiratory e	11651,	Inti	arval Batween sat and Death
an Immediata Causa										
diseasa or condit rasulting in death	on)	a Arte	rioscl	eroti	c Card	iovascu	lar Dis	sease	1	
le le			Due (0)	r as a conseq	uarica OT):					
Sequantially list of if any, leading to cause Enter Uni	onditions	b. —	Dua to (or	as a consequ	uance of):				1	
	mmadiata larlying									
Causa (Disaase of that Initiated avar resulting in death	or injury ts	C	Dua to (or	as a consequ	uanca of):					
× Issuing in dealin									!	
Jan		d							1	
Pert II. Other sign	ificant conditions o	ontributing to dea	ith but not rasu	ilting in the un	dariying causa g	ivan in Part I.	23b. Did	tobacco use co	entribute to the	cause of death?
							100	Yes 2□ No	3 Probabl	y 4□Unknow
by							/		04: 11:	
be to							24a. Was perfo	an autopsy rmed?	avallab	ola prior to
Completed							INSPE	CTION	of daat	h?
Col							10	Yas 25 No	1 ☐ Ya	s 2 No
25. Wes casa rafe axaminar?	rred to medical	Hoopital.				Alba a su				
YXXYas 2[ER/Outpatient	3LI DUA					
27. Mannar of Dea	5 Panding	28a. Data of (Month	, Day Year)	28b. Tima of Injury	28c. Inju		28d. Dascribe I	now injury occur	rred	
27. Mannar of Dei XXXNatural 2 Accident 3 Suicida 4 Homicida	invastigation		A latinary Asia	to		Yes 2□No	204 Leastine (Ctonet or of \$6:-	har as Burni Ba	udo Alumba-
4 ☐ Homicida	datarmined	28e. Place o	g, etc. (Specify	ma, tarm, stra	at, factory, office	•	City or To	vn, Stata)	oer or Murai Ho	ute rvum <i>ber</i> ,
	1 Continue or	viidalam. Ta Mar 1	and of sector	uladaa daas		Uma data d - f	and due to the			4
29a. Cartifiar (Check only one)		niner: On the bas	ils of axamineti							
29b. Signature an	d title of certifiar	and manna	ai StataG.		29c. Licer	isa number		29d. Dete signe	ed (Month. Dev	Year)
	0 0-	to la	KAD)	6						
7 4	wit	Due	100			C.M.E		MAY 2	2, 199	96
	ress of person who					o+ Dol4	-imore	Ma1	ond o	1201

State Registrar 31. Data filed (Month, Day, Year) MAY 2 9 1996



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

al Hygiene	96	5	8	2	
		-0	-		

					Certifica	ate of Dea	th	Reg. No.	0 100			
	Physic	ian	1. Decedent's Neme (First, Middle, Last				2. Dete of I		3. Time of Deeth			
	/Medi	cal	4e. Fecility Neme (If not institution, give	street and number)	DIN	4h City	, Town, or Location of De	oth 4c. County	996 11:00 Pu			
	Examii	ner	North West		Center	45. Ony	NA	1	more			
	Funeral Director		5. Sociel Security Number 5. 77-26-8968 Usuel Residence of Decedent				order 24 Hrs. 8. Dete of E (Month, 1 3-21	Birth Dey, Year)	9. Birthplece (State or Foreign Country) UNK			
	yland		10e. Stete 10b. County	10c.	City, Town or Location				10d. Inside City Limits			
	Ba-f s	ctor	MD NA		BATIM	ore			1 No 2 No			
	ath with the 23 or 21	Funeral Director	10e. Street end Number 4800 SETON	Drive		Zip Code 2/2/		10g. Citizen of W				
5-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Haalb and Mantal Hygiana. Ifem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, its Medical Examinet must be notified at	þ	11. Meritel Stetus 1 Never Merrled 2 Marrled 3 Solvidowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 Yes 2 Oo If Yes, Give Yeer or Deles:	If Yes, s	pecify Cuben, Mex	: Origin? (Specify Yes or I ricen, Puerto Rican, etc.) cify:	No- 14. Race Biecl Specify:	A-American Indien, k, White, etc.			
5-0	72 h	Completed	15. Decedent's Edu (Specify only highest grad	cetion e completed)	18e. Decedent's U	suel Occupetion work done during i	most of working	16b. Kind of Bu	siness/Industry			
2121	filed within Hygiana. ther than "	dmo	Elementery/Secondery (0-12)	College (1-4or 5+)	Iffe. DO NOT	use retired)		MNK	/			
	filed with I Hygiana. other than	Be Co	17. Father's Neme (First, Middle, Last)	art			other's Neme (First, Midd	-				
Maryland	should be ind Mantal marked o	To B	UNK				UNK					
Mar	2 sho		19e. Informent's Neme/Reletionship (Ty		1		mber or Rurel Route Num		Stete, Zip Code)			
	1 and Haalth em 27 ither tr		Fred Grant-Gu		. Plece of Disposition (A	KAVE	Balli more		Z/Z/O/ City or Town, Stete			
	Page nant c int: If		1 Suriel 2 □ Cremetion 3 □ F 4 □ Donetlon 5 □ Other (Specify)	Removel from State	cemetery, cremetory of	r other plece)	5-29-96		owne, md.			
Bal	pemit. Pa Departman Important: any injury.		21. Signeture of Funerel Service License	99		end Address of Fe			filmon Street work, MD. 21217			
	Physician /Medical		23a. Pert1. Enter the disease, or compleshock, or heart feiture. List only or Immediate Cause (Finel	ne ceuse on each line.	eth. Do not enter the m			errest,	Approximete Intervel Between Onset end Deeth			
2	Examiner		disease or condition resulting In deeth)	4	EPSIS	0		_	to days			
3	p #	ner		b. Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of):								
	sata be axecuted thysician and the burial-transit	Examiner	Sequentially list conditions,									
68760,	cata be ay physician s the burial		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events									
x 687	cartificata iding phys	V/Medical	resulting In deeth) Lest	Due to	(or es e consequence o	f): 						
. Box	death carl attendin d for usa	iciar	Pert II. Other significant conditions con	stributing to death but not re	asulting in the underlying	cause given in P	ert 23h Di	d tobacco use con	tribute to the cause of death?			
, P.O	res that tha de igned by the be datached	by Physician/I	15		NIDAM	y cause given iii r		. /	3 Probably 4 Unknown			
Vital Records,	requi	Completed b		•			24e. We	es en eutopsy formed?	24b. Were autopsy findings evailable prior to completion of ceuse of death?			
Ä	0 - 6	mo					10	Yes 21 No	1 □ Yes 2 □ No			
/ita	rsician: The scartificata director, pag	Be (25. Wes cese referred to medical examiner?				lace of Deeth (Check only	(one)	***			
0	Mis c	. To	1 ☐ Yes 2∰ No				Nursing Home 5 Re	sidence 8 Othe				
sion 1	Es 3	tlon	1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Year)	Injury	28c. Injury at Work?		s now injury occurr	90			
Divis	Heart	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - At building, etc. (Spec	home, ferm, street, fect cify)	28f. Location City or T	28f. Location (Street end Number or Rural Route Number, City or Town, State)					
	Hospin 24 hours	edical (29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	nician: To the best of my kiner: On the basis of exemination and menner steted.	nowledge, deeth occurre netion end/or investigeti	ed et the time, dete on, in my opinion,	e end piece, end due to the deeth occurred et the time	e cause(s) and mer e, dete and plece, a	nner es steted. nd due to the ceuse(s)			
	To the Hos within 24 h To the Fun complately	Me	29b. Signeture end title of dertiller	7	2	9c. License numb		29d. Dete signed	(Month, Dey, Year)			
	0		profe	- com		Dyy	1505	MAY	25, 1996			
	3		30. Name and address of purpose and co	PERIAL,	em 23e) (Type, Print)	- Nu	isor					
	Sta		31. Dete filed (Month, Dey, Year)	32. Registrer's Sig	nature Acade 82		- 1					

10 miles 1 mil

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

4b. City. Town, or Location of Death

BALTIMORE

15822

Physician	
/Medical	
Examiner	

1. Decedant's Nama (First, Middla, Last) TYRONE

CARROLL

2. Data of Death MAY 26^{Day} 1998" 3. Tima of Death 06:31 AM

Funeral Director

the Marylend show notified a ms 23a or with death than "natural", or items the Medical Examiner in filed within 72 hours efter Hyglene. Peges 1 and 2 should be filed nent of Haalth end Mentel Hygl nnt: if item 27 Is marked other

altimore, Maryland 21215-0020

4a. Facility Nama (If not Institution, give street and number) SHOCK TRAUMA UNIT 5. Social Sacurity Number

10b. County

7. Aga (In yrs. last birthday) XXM 2 F 18 Yrs.

10c. City. Town or Location

BALTIMORE

If Undar 1 Year | If Undar 24 Hrs. Days

8. Data of Birth (Month, Day, Year) 02/26/78

MD 10d. Insida City Limits

1 X Yas 2 □ No

Birthplaca (Stata or Foreign Country)

10e. Street and Number

212-92-8276

Usual Residance of Decedant

3225 BRIGHTON STREET

N/A

10f. Zip Coda 21216 10g. Citizan of What Country?

US

4c. County of Death

N/A

10a, Stata

MD

Directo

Funeral

þ

Completed

Be

Examiner

Physician/Medical

à

Completed

Be

9

Certification:

edicai

1 Nevar Married 2 Married 3 Widowed 4 Divorced

12. Was Decedant Evar In U.S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas:

 Was Decedent of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yas Who Specify:

14. Race - Amarican Indian, Black, Whita, atc. Specify: BLK.

15. Decedant's Education (Specify only highast grada complated) Elamantary/Secondary (0-12)

Collaga (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) STUDENT

16b. Kind of Businass/Industry

N/A

11 17. Fathar's Nama (First, Middla, Last)

JEFFERY

DAVIS

-0-

18. Mothar's Nama (First, Middla, Maidan Surnama) PRYOR

19a. Intormant's Name/Ralationship (Type, Print)

19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code)

NANCY

NANCY MIDDLETON (MOTHER) 20a. Mathod of Disposition

1 ☐ Cramation 3 ☐ Ramoval from Stata

20b. Place of Disposition (Nama of cematary, crematory or other place WESTERN STAR CEMT. BALTIMORE, MD.21216 20c. Location - City or Town, Stata

6/1/96 BALTIO., MD.

21. Signatura of Funaral Sarvice Licensee

4 ☐ Donation 5 ☐ Othar (Specify)

22. Nama and Addrass of Facility

3225 BRIGHTON ST.

PHILLIPS FUNERAL HOME

uta Dech

23a. Part1. Entar tha disaase, or complications that causad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line.

CFSP #281 1721-27 N. MONROE ST. BALTIO., MD. 21217 Approximata Intarval Batween

Physician /Medical Examiner

physician and the burief-transit

attending p

been signed by the should be detached

hes page 2

certificate

this

death.

or Attendation after deati

Hospital 24 hours a 24 hours

To the Hosp within 24 hou To the Fune completaly fi

director,

funeral

filled in by

P.O. Box 68760

Division of Vital

certificate be

other

6

permit. Pege Department of Important: if any Injury or once.

Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Couse (Disaasa or Injury that Initiated events resulting in daath) Last

Immediata Causa (Final disaasa or condition rasulting in death)

Dua to (or as a consequence of)

Onset and Death

Dua	to	(or	as	a	consequanca	of):
Dua	to	(or	as	a	consequance	of):

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy

28. Placa of Death (Check only one)

24b. Wara autopsy findings available prior to completion of cause of death?

1 X Yas 2 No 1 Yes 2 No

25. Was casa ratarred to medical 1 Nas 2 No

27. Manner of Death

1 Natural

2 Accidant

3 ☐ Suicida 4 ☑ Homicida

Hospital: 1 🗆 Inpatiant 28a. Data of Injury

26

2℃ER/Outpatient 3□ DOA 28b. Tima of 0147

28c. Injury at Work? 1 Yas 2 No

Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 28d Dascribe how Injury occurred

MSSAILAN H-07 Location (Straat and Number or Rural Routa Number, City or Town, Stata)

29a. Certifie /Che

Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify)

600 BLK. W. LEXING, TON Certifying Physician: To the best of my knowledge, daeth occurred at the time, deta and place, and due to the cause(s) and manner as steted.

Con the best of examination end/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated.

29b. Signatu fitte of

5 Panding invastigation

6 Could not be

29c. License number O.C.M.E.

MAY 26, 1996

29d. Date signed (Month, Day, Year)

who completed cause of death (Item 23a) (Type, Print) 30. Nar address of person SMIA 111 Penn Street, Baltimore, Maryland 21201

State Registrar

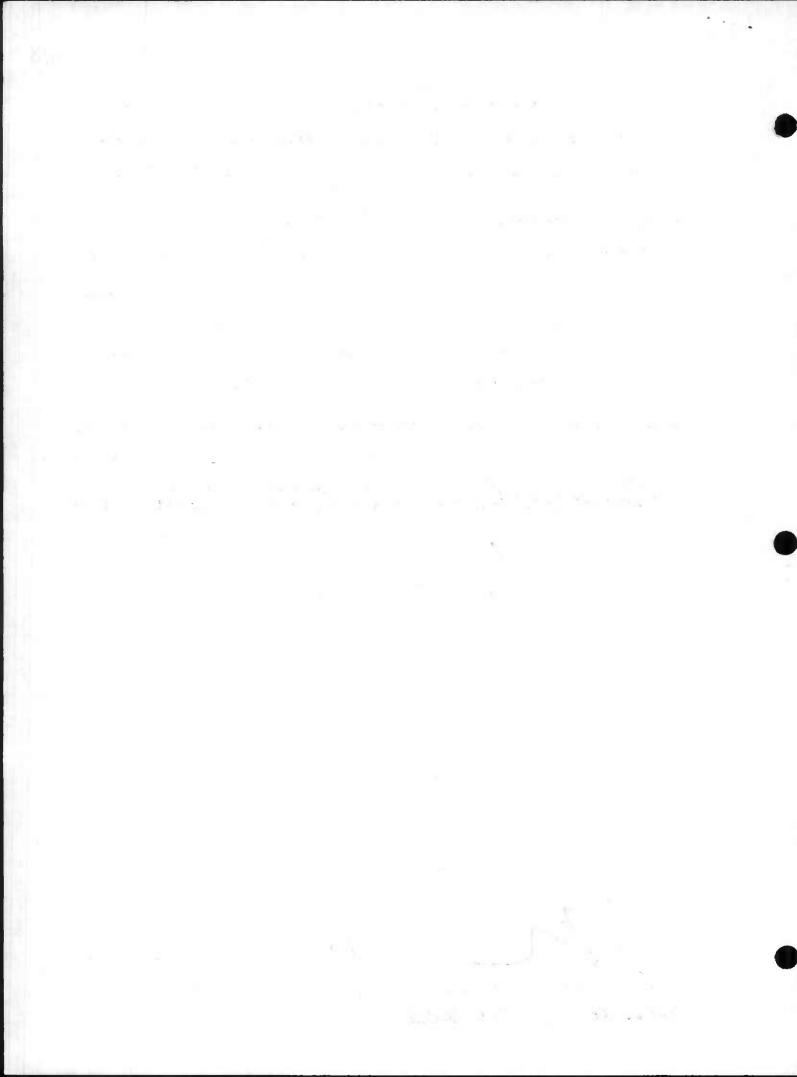
31. Data filed (Month, Day, Year)
MAY 29 1996

788, 50 V.S

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15823

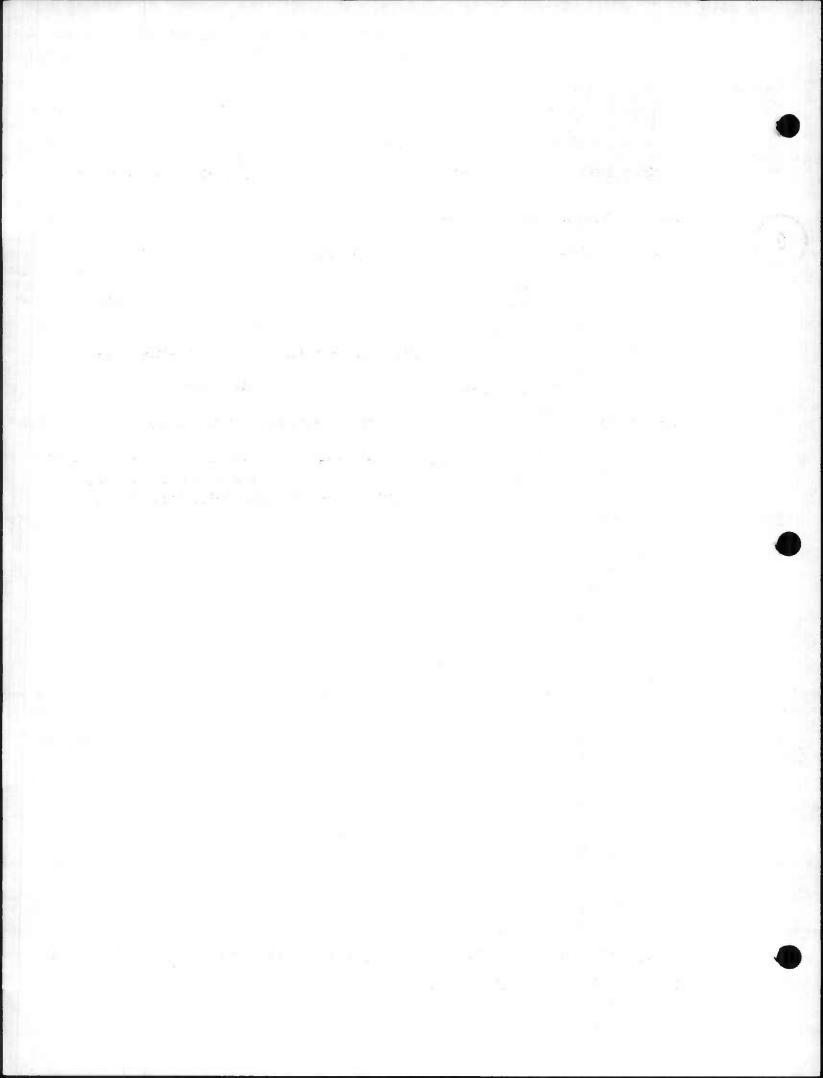
						06	runca	ie oi	Deam			Reg. No.		
	Physic /Medi		Decedant's Nama (First, Mic	Eile	en Nao	mi Cor	der				2. Date of De Month May 27	, 1 ⁰ 996	Yaer	3. Tima of Deeth //: 40 A
	Exami	ner	4e. Fecility Nema (If not Institu Pikesville Nu						4b. City, To Pike		ocation of Deet Lle		of Death	·e
	Funeral Director		5. Social Security Number 216-24-6459	6. Sex 1 ☐ M 25 XF		rs. last birthday, Yrs.	If Unda Months	Days	If Under Hours	24 Hrs. Min.	8. Data of Bi (Month, Di April	20, 1927	9. Birth Cou Ma	pieca (Stata or Foraign ntry) ryland
Merylend	Meryland -f show	tor	Usuel Residance of Decedant 10a. Stete 10b. Cour Maryland	nty Baltimor		City, Town or L	ocation	Roc	kdale					10d. Insida City Limits 1 ☐ Yas 2 H No
with the M 3a or 28a-f	Direc	10e. Street end Number 3603 Kenmar				10f. ZI	ip Code	212			10g. Citizen of V			
occ.	filed within 72 hours after death with the Meryland Hygiene. Hygie	by Funeral	11. Marital Status 1 Nevar Married 2 M 3 Widowed 4 Divorce	arried Armed 1 Tye if Yes,	acedant Evar in Forces? s 21 No Give r Dates:		S. 13. Was Decedant of Hispanic Origin? (Sp. If Yes, specify Cuban, Mexican, Puarto				ecity Yes or No Rican, atc.)		ck, White,	can indian, atc. Casian
id 2 should be filed within 72 hours af	Hygiene. ther than "natur ont, the Medical	Completed	15. Deced (Specify only hig Elementery/Secondary (0-12	ent's Education hest grade complete	d) e (1-4or 5+)	16a. Dece (Give life.		uel Occup ork done use retire SEW11	eation during mos d)	t of work	ing	16b. Kind of B	usinass/ir	ndustry
uid be file	d d	To Be C	17. Fether's Neme (First, Midd	John	Blankn	er			18. Mothe	er's Nem	e (First, Middle E11a	a, Maidan Suman Kirk	ne)	
8	faaith end m 27 is m her traum		19e. informent's Name/Relation Debra G. Lern 20e. Method of Disposition				Greer	wood				, Maryla 20c. Location	ind 2	1208
жетів. Pages 1 ar	Department of Himportant: If its any injury or of once.		1 Buriel 2 ☐ Cramatio 4 ☐ Donation 5 ☐ Other	(Specify)	m State	t. Oliv	e Cen	othar pla neter	у Мау					n, Marylan
Fied	Depa impo any i		21. Signature of Funeral Service	10.6.	Keln	Cer 8	oring 728 I	g Bye	tv Rd	nera Rar	dallst	ctors, 1		-4784
/ا	nysician Medical kaminer	7.	23a. Part I. Enter the disease, shock, or heert feilure. Li immediate Cause (Final disease or condition resulting in death)	or complications the ist only one cause of	Rina	~	aile	m	ng, such es	cardiec	or raspiratory a	arrast,		Approximate Intarval Between Onset and Death
certificate be executed	onding physician and usa as the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last	d		hets o (or as a consec								
the death	ed by the atterdated for	Physicia	Pert II. Other significant condi	tions contributing to	death but not r	resulting In tha u	indarlying	cause giv	ven in Pert i					o the cause of death?
ne lew requiras thet	been sign should be	Completed by P									24e. Wes	s en eutopsy ormed?	24b. W	deeply 4 Unknown If the eutopsy findings reliable prior to perpletion of cause deeth?
F	ate he		25. Wes case referred to media									Yes all No		□Yas 2□No
ding Phys h. After this funeral di	h. After this funeral di	ation: To Be	exeminer? 1 Yes 2 No 27. Menner of Death 1 Netural 5 Pent 2 Accident Inva	26. Place of Deeth (Check only one) 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specifical) 28b. Time of Injury at Work? 1 Yes 2 No No No No No No No					fy)					
8	ursaffar deat ral Director: illed in by the	Certification:	4 Hornicida	mined 289. Ple	Iding, etc. (Spe						City or To	wn, Stete)		al Route Number,
I	within 24 hours affair of To the Funeral Direct completely filled in by	Medical	(Check only 2 Medic	ring Physician: To the send me	he best of my k basis of exemi enner stated.	nowledge, deet inetion end/or In	vestigetion	n, in my o	ppinion, dee	d piece, th occurr	and due to the red et the time,	, date end piece,	end dua t	o tha causa(s)
To	To	~	29b. Signeture end title of cart					1)1	e number	31		29d. Dete signe		
(40)	Sta	te	30. Name end address of personal control of the con	rber m	use of deeth (III	tem 23e) (Type,	Print)	ort	Ad i	Rar	odalia	stown) M	nd alb3



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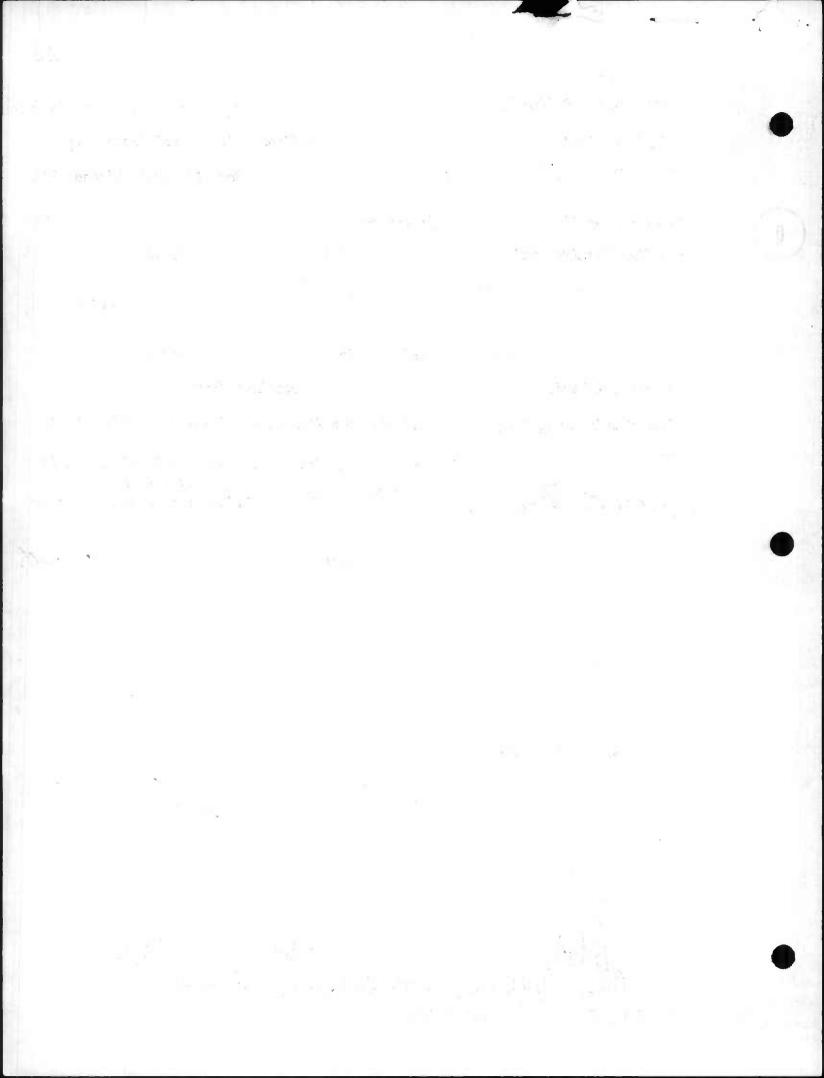
State of Maryland / Department of Health and Mental Hygiene

				,	Certifica	te of De	ath		Reg. No.	90	17054	
Dhusisi		1. Decedent's Name (First, Middle, Las	t)					2. Date of Dea		Yaar	3. Time of Death	
Physicia /Medic		Clyde Way	ine Cai	Vin				May	25th	96	2:50 pm	
Examin		4a. Facility Name (If not institution, give				4b. C	City, Town, or I	ocation of Death	4c. County	ot Death		
		Harbor Hospital Cent		() 0000			Baltim	ore	Bo	altimo		
Funeral Director		212 40 1920	VIM OFF	In yrs. last bi	Yrs. If Und Month		Undar 24 Hrs. lours Min.	8. Date of Birt (Month, Da Aug • 12	h, Year) 2, 1944	9. Birthpia Country Mary	aca (State or Foreign ry) 'land	
B *		Usual Residence of Decedent 10a. State 10b. County	1	Oc City Tow	m or Location					10	ad Incide City Limite	
sho sho	'n	Maryland Anne Art		Balti						100	ld. Inside City Limits 1 ☐ Yes 2 ☑ No	
1 4 4	ecto	10e. Street and Number	ander	Dait		n- 0-1-			40.00			
23s or Mart be	Funeral Director	2 – 15th Avenue				21225			U.S	Citizen of What Country?		
Examiner or	by	11. Marital Status 1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad	12. Was Decedant Eve Armed Forcas? 1. Yes 2 □ No If Yes, Give Yaar or Dates:	ar in U,S.		edent of Hispa ecify Cuban, M 2 ANO Si		pecify Yas or No o Rican, etc.)	Specify	ca - American ck, Whita, et y: Wh:		
100	Completed	15. Decadent's Ed (Specify only highest grad	ucation	16a	. Decedant's Us	uai Occupation	n na most of wor	kina	16b. Kind of B	usiness/Indu	ustry	
Mer.	nple	Elementary/Secondary (0-12)	Coilege (1-4or 5+)			vork done durin use retired)		All Ig				
f. Else	Con	12th			Materia				Westin		е	
d other event,	Be	17. Father's Nama (First, Middle, Last)				18.		na (First, Middle,		10)		
Marks	2	C	harles Cavi	.n			E:	ffie Jo	nnson			
a send		19a. Intormant's Name/Relationship (7	ypa, Print)		_			ral Routa Numbe				
f Health and Mer Nam 27 is marks other traumatic	ļ	John Cavin					or Driv				land 2106	
artment of H ortant: If Ite injury or ot 8.		20a. Method of Disposition 1 ※ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify,	Hemoval from State	comate Glen	ot Disposition (Norry, crematory of Haven M	ame of cother place) emorial	Park	Date 5/28/96	Glen Bu		Maryland	
Depart Import any inj		21. Signatura of Funeral Service Licans	Son	ee		and Address of Ritchie		Gonce F ay Balt	uneral imore,			
	23a. Part1. Enter the disease, or complications that caused tha daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line.											
hysician /Medical xaminer	Immediate Cause (Final disassa or condition a. Multiple Organ Failure										1 month	
100		resulting in death)	Du	e to (or as a	consequence o	f):						
-	metastatic Squamous Cell Carcinoma 1										1 year	
physician and s tha burial-transit	D. Tittle date.										•	
g physician and es tha burial-fran	E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of):										
tha t	dice											
O 0	Me		d							i		
trand or us	Physician/Medical	an/	_	u								
bed f		Part II. Other significant conditions co	ntributing to death but r	ot resulting i	n tha underlying	cause givan ir	Part I.	23b. Dld 1	obacco use co	ntribute to t	the cause of death?	
ed by detec	F.					10	Yee 2 No	3 ☐ Probe	ably 4 Unknown			
s been signed by the ettanding should be deteched for usa	Completed by							24a. Was perfo	an autopsy med?	avaii	re autopsy findings liable prior to apietion ot cause eath?	
ata has b paga 2 s	E							10	es 28 No	1□	Yes 2□ No	
cartificata has b	BeC	25. Was casa referred to medical				26	Piece of Des	th (Check only o			700 2010	
direct	To B	examiner?	Hospital:	2 ER/0	utnationt 3 1	Other:				per (Specify)	1	
or death. by the funeral director,	Itlon: T	27. Manner of Death 1 Naturai 5 Pending 2 Accident investigation	28a. Date of injury (Month, Day Year) 28b.		Outpatient 3 DOA Surviva 4 Nursi Do Time of Injury M 28c. injury at Work? M 1 Yes 2 No			g Home 5 Residenca 8 Other (Specify) 28d. Describe how injury occurred				
within 24 hours aftar death. To the Funeral Director: Aftar this cartificata he complataly filled in by the funeral director, page	Certification:	3 Suicida 8 Could not be determined						28t. Location (Street and Number or Rural Route Number, City or Town, State)				
• Funeral	edlcal (29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	alcian: To the best of miner: On the basis of ex and manner stated	amination ar	e, death occurre nd/or investigation	d at the time, d on, in my opinio	late and piaca on, death occu	, and due to the rred at the time,	cause(s) and madate and place,	anner as sta and due to t	ited. the cause(s)	
within To the compla	ž	29b. Signatura and title of cartifier			2	9c. License nu	mber		29d. Date signe	d (Month, D	lay, Year)	
		DO. DE ala	n MI)		1524	41611	-12	May 7	t-+h	199	
	-	30. Name and address of person who co			(Type Print)	TU 2T	T1014	-43	Tay 1	,) "1")	1716	
		Chanella address of person who c	7 000- 1	(REZ IIIO)		H 101	CI.	Rus la	MA	210	1.	
Stat	0	31. Date filed (Month, Day, Year)	32. Registrar's	Signature	Circle	1+1	Uleh	Dunie	, IVI		0	
Stat Registra	_	MAYO O 1000 44	ia Savid n-Ro	ndelle								



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		35.340	State of M	arylan		artment rtificate		ealth and N Death	Mental Hy	giene Reg. No.	96	1582	!5
Physic	ian	1. Decedent's Nama (First, Middla, La	,						2. Data of De Month	ath Day	Yeer	3. Tima of	Death
/Med		Mark Anthony Cvi							May	27,	1996	23:46	p.1
Exami	ner	4e. Fecility Nema (If not institution, giv.	a street and number)					b. City, Town, or L			County of Deat		
	-	Sinai Hospital 5. Social Security Number 6, S	ev 7 Ac	o (lo ure	last birthday)	If Under 1		altimore If Undar 24 Hrs.			etimore		. 5
Funeral Director		312 - 05 - 1191X	M 2□ F	84	Yrs.		Deys	Hours Min.	8. Deta of Bir (Month, Da Nov. 1	y, Year)	911 Chi	hplace (Stete o untry) CAQO. I	P P P
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The sylventer	L	10e. Stete 10b. County			y, Town or Lo							10d. Inside CI	
Ziga-f sho	Director	Maryland Baltimo	re	Re	isters.							1 🗆 Yes	XXIVO
		10e. Street end Number 513 Glen Granite 1	Road			10f. Zip (U.S.	an of What Co	untry?	
38 23 Date 23	Funeral	11. Marital Status	12. Was Decedant	Ever in U.	.S. 13. \			spanic Orlgin? (Sc	pecify Yes or No		4. Reca - Ama	rican Indian.	
o the r		1 Never Married 2 Married	Armed Forces?					spanic Orlgin? (Sp n, Mexican, Puarto	Rican, atc.)		Black, White		
21215-0020 d within 72 hours all gene. rr than "natural", or rr than Medical Exami	by	3 Widowed 4 Divorced	If Yas, Giva Yaar or Datas:			1□ Yas 🏖	LI No	Specify:			Specify: W	hite	
72 h	etec	15. Decedent's Ed (Specify only highest gra	lucation da completed)		16a. Deced	dent's Usual kind of work	Occupa done d	tion uring most of work	king	16b. Kir	nd of Business/	industry	
12 Pan Mitter	dm	Elamantary/Secondary (0-12)	Collega (1-4or 5	5+)						Hote	20		
ind 2121 be filed within tal Hygiene. d other than 1 event, the Mex	Be Completed	17. Father's Nema (First, Middla, Last)			crues	Engir	ieel	18. Mother's Nem	a (First, Middle				
Irylan should be of Mental marked o marke ev	To B	Joseph Cuitkovich	'n					Josephi					
Maryland 32 should be file h and Mental Hy 7 is marked othe traumatic event,		19a. Informant's Name/Relationship (Type, Print)		19b. Mailir	ng Address	Streat a	nd Number or Rui	ral Routa Numb	er, City or	Town, Stata, Z	(ip Code)	
- 2 H M L		Joan Clavin - Day	ighter					te Rd	Reiste	rstoi	vn, Md.	- 2113	6
Baltimore, semit. Pages 1 ar Separtment of Hos mportant: If item 2 my injury or other nice.		20e. Mathod of Disposition XXX Burial 2 □ Cramation 3 □	Ramoval from State	20b. P	Placa of Dispo ematary, cran	sition (Nemi	a of ner place	e)	Deta	20c. Loc	cation - City or	Town, Stata	
Lim Pag ment lury o		4 ☐ Donetion 5 ☐ Othar (Specify)	Cal	umet P	ark Co	emet	ery 5	-31-96	Merr	illvill	e, Indi	ana
Balt permit. Depart mport any inj any inj		21. Signature of Funeral Service Licen	800	/_		. Nama and			11824 R	eist	erstown	Road	
- 40244	1	Manne XI	month	2					Reister		r, Mary	land 21	136
	4	Pert1. Enter the disease, or companies have been pertained by the pertain pertain the pertain	olications that caused one pausa on aach li	tha daat na.	h. Do not ant	ar the mode	of dying	, such as cardiac	or raspiratory e	rrest,		Approximate Interval Bate Onsat and I	ween
Physician /Medical		Immediete Causa (Final			N								
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P.O. Box 687 that the deeth certificate ad by the attending physical detached for use as the	Physician/Med							24- 1114					
the d	hysi	Part II. Other eignificant conditions of	ontributing to death b	ut not rasi	ulting in tha ur	ndarlying car	use give	n in Part I.				to the cause of	
dS, P	by P	CVA	2						10	Yee 2	ZNO 3 P	obably 4	JIKROWN
Division of Vital Records, P.O. Box 68 or Attending Physician: The lew requires that the death certificat effer death. Director: After this certificate has been signed by the attending phy in by the funeral director, page 2 should be detached for use as the content of the co	Pe	Parliti Pout	14.0						24a. Was	en eutop	sy 24b.	Were autopsy favailable prior to	indings
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The The ate h	Son								1 🗆	Yes 2	No 1	I □ Yes 2 12	No
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of \openstar	L 2	1 Yas 2 No	Hospital: 1 ☐ Inpatia		ER/Outpatien		1	4 LI Nursing Ho			Othar (Spec	city)	
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Division of Vital Re- To the Hospital or Attending Physician: The leverithin 24 hours efter death. To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	Sal C	29a. Certifier 1 Certifying Phy	sician: To the best of	ot my know	wledge, deeth	occurred et	tha time	a, data and place,	and due to tha	cause(s)	and mannar as	stated.	
in 24 Ne Fu pletel	edical	(Check only 2 Medical Exam	Iner: On the basis of and manner ste	examinat	tion and/or Inv	astigation, I	n my op	Inion, daath occur	red at the tima,	date end	placa, and due	to the causa(s	1
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+1		NUT					1)2	7569		5	196		
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				State of	Marylar				lealth a	and M	ental Hy	giene 9	6	158	26
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	Physici		Dorothy E. Chamb	pers						Ì	Month May 24	Dey , 1996	Yaer	1:13	A.M.
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1			North Arundel Hos	spital					Glen	Burn	ie	Ann	e Aru	ndel	
	Funeral Director		5. Sociel Security Number 212-22-3949 Usuel Residence of Decedent	Sex 7 □M 2X F	. Aga (In yrs. 72	last birthdey) Yrs.	If Undar Months	1 Yaar Days	if Undar a	Min.	8. Deta of Bird (Month, De Nov. 4	y, Year)	9. Birthp Cour Mary	plece (Stete ntry) land	or Foreign
	and aw		10a. State 10b. County		10c. Cit	y, Town or Lo	cation						1	Od. Inside C	City Limits
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	the 1 the	Director	10e. Street and Number				10f. Zip	Code				10g. Citizan of	What Cour	ntry?	
	1 with		1305 Church Stree	et			212	26				United	Stat	es	
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Mar	2 6 6 2		19e. Informent's Name/Reletionship (Type, Print)								er, City or Town			
	C = N -		Donna L. Bennett		20h F	133 F			Lva.,	GTen		e, Mary			
Baltimore,	Peges nent of F int: If its iry or of		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐		late (ametery, cran	netory or or	ther plac		ho	Data	20c. Location			
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Bal	permit. Peges 1 e Depertment of Hee Important: If Item any injury or othe		21. Signature of Funerel Service Licar	1500					ss of Facility		ral Ho	me			
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	Physician /Medicai Examiner	iner	23e. Pert T. Enter the disease, or com shock, or heert failure. List only Immediate Ceuse (Finel disease or condition resulting in deeth)	e.	CA	Or es e conseq								Intervel Be Onset and	
Box 68760,	death certificate be executed e attending physician and of for use es the buriel-trensit	Physician/Medical Examiner	Sequentlelly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	c	140	r as a conseq									
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P.O.	thet the ed by th deteche	by Phys	Part II. Other significant conditions of	ontributing to dea	th but not res	uiting in the ui	ndarrying ci	ause giv	en in Paπ I.			tobacco use co Yes 2□ No			
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	ath. r: After re funer	tion	27. Menner of Deeth 1. Neturel 5 □ Pending 2 □ Accident investigation		Dey Year)	28b. Time of Injury	M 2	8c. Injur Wor	yet k? Yes 2 □ î		8d. Describe I	now injury occu	rred		
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0	To the Hoopiet or within 21 course Dir completely filled in	edicai C	29a. Certifier (Check only one) Certifying Ph 2 Medicat Exam	yelclan: To the b niner: On the bas end manne	is of axamina	wiedge, deeth tion end/or inv	occurred o	et the tir	ne, dete end pinion, deat	d pleca, e th occurre	and due to the ed at the time,	cause(s) end m	enner es s , end dua to	teted. tha cause	(s)
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	F > F 0		D 11/14					D	286	86		May 24,			
	10		30. Nama and eddress of person who			,									
		40	Dr. Victor M. 31. Dete filed (Month, Day, Year)				ie Hi	.ghw	ay Ai	cnold	A, MD	21012			
	Sta Registr		MAY 2 9 1996	Fulia David	gistrer's Signe	486									

Please Type or Print in Black Indelibie ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death Month **Physician** RENSHAW 100 Dore MAY 1996 /Medical 4a. Fscility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MC KAKTIMORE BALTIMORE Timore If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year If Undar 1 Yaar 9. Birthplaca (Stata or Foraign 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Days 150 20 F Director 218-05-0985 Usual Rasidance of Dacedani the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show trsumstic event, the Medical Examiner must be notified at Yas 2 No Director BATIMOre MDNA 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 12. Was Decedant Evar In U.S. Armed Forcas? USA 2331 2/2/6 Shburlow Funeral death Was Dacedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours efter teppartment of Heelih and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or ther any injury or other traumetic event, the Medical Examples. 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1□ Yas 2 No Specify: Yas Giva ģ 3 Widowed 4 □ Divorced Yaar or Datas:/9/8--/9/9 Black 16b. Kind of Businass/Industry Completed 15. Decedant's Education (Specify only highast grada complatad) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) Elamantary/Secondary (0-12) Coliega (1-4or 5+) Shi COOK Th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Crenshaw Crenthaw Trere 2 /VESIOY 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Jr. ASh burTON. 2331 · Ball, more, MD. ZIZ/b 20c. Location - City or Town, Stata Theodore renshaw-son 20b. Place of Disposition (Nama of cematary, crematory or othar place) 20a. Mathod of Disposition Burial 2 Cramation 3 Removal from Stata Forest Vet 4 □ Donation 5 □ Othar (Specify) GOVTISON 21. Signature of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Albert Battino 21217 234 Part 1. Entar tha disaasa, or competications that causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, shock, or haart failura. List only ona causa on aach lina. Approximata Intarval Between Onsat and Death **Physician** /Medical Immediata Causa (Final OF PHROMIC LUNG a ACUTE EXAMENDATION disaasa or condition rasulting in daath) **Examiner** Examiner physician and s the buriel-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that Initiated avants rasulting in death) Lsst Dua to (or as a consequence of): P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): 98 esn Po Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Records, þ cate has been sig , page 2 should b 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate hes 2 No 2 No Division of Vital or Attending Physician: offer deeth.

Director: After this certifica 25. Was casa rafarred to medical Be 26. Placa of Death (Check only ona) Hospital: Othar: 4☐ Nursing Homa 5☐ Rasidance 6☐ Othar (Specify) 1 ☐ Inpatiant 2 1 Yas 2 de No 2 ER/Outpatient 3 DOA funeral 28a. Data of Injury (Month, Day Year) 27. Manner of Daath 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 8 Could not be datamined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida To the Hospital of within 24 hours of To the Funeral Dicompletely filled in 1 Certifying Phyalclan: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29a. Cartifier Medical

State Registrar

31. Data filed (Month, Day, Year) MAY 29 1996

V.

29b, Signature and title of certifier

MICHAEL



2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

6Keen

29d. Date signed (Month, Day, Year)

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

and the same of which effective of a total and the second of the content of and the second the second test to the second test t the Special Company of the Company o

State of Maryland / Department of Health and Mental Hygiene

15828 Certificate of Death 2. Date of Death 3. Time of Death Day 20 11:30 om

> 10d. inside City Limits 1 Yes 2 No

Approximete Interval Between Onset and Death

year

1 ☐ Yes 2 No

more

Physician /Medical Examiner 1. Decedent's Name (First, Middla, Last)

b

within 2

State Registrar

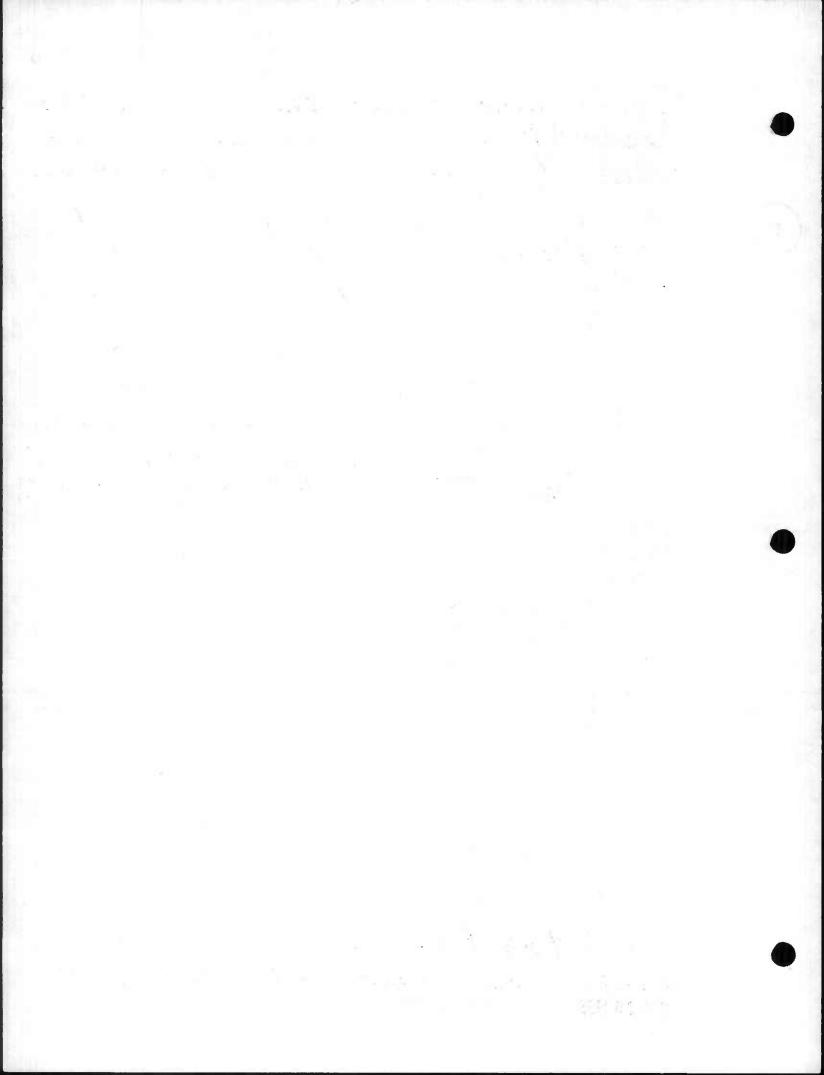
ARRYL OOPER KEVIN 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, giva street and number) 4c. County of Deeth Manor Battimore BALTIMORE If Under 24 Hrs. 8. Dete of Birth (Month, Day,) If Under 1 Year 5. Social Security Number 6. S 7. Age (In yrs. lest birthdey) 9. Birthpiaca (State or Foreign **Funeral** Days -86-12 M 20 F Months 228 215 32 Director Usuai Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 3AHimore MA Director BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? the Medical Examiner must be 3408 Road USA 21216 Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Raca - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: AA Saltimore, Maryland 21215-0020 Aq Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuai Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mantal Hygiene Important. If Nem 27 is marked other than "s any injury or other traumetic assets the standard in the Elementary/Secondary (0-12) Coilega (1-4or 5+) 12+HGRADE UNEMPLOYED 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middla, Maiden Sumama) Be COOPER 2 DAVID JOSEPH JR. VERDELL DAVIS 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 4383 CREST HEIGHTS RD. BALTIMORE, MD. 21215 COOPER VERDELL 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20a. Method of Disposition

1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) CEMETERY 5-24-96 ARBUTUS, MD. ARBUTUS 22. Name and Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 21. Signature of Funeral Service Licensee AUNI N. FULTON AVE, BALTIMORE, MD. 21219 2140 the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, leart failure. List only one cause on each line. **Physician** /Medicai Immediate Cause (Fine) disease or condition rasulting in death) **Examiner** Examiner Syndrome INR sician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) physician s the burial Box 68760 Physician/Medical Due to (or as a consequenca of): detached Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown á 2 24b. Wara autopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopsy peen certificata has 1 ☐ Yes 2 No 25. Was case ratarred to medical examiner? Be 26. Piace ot Death (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funaral re Hospital or Attending Ph n 24 hours after death. The Funeral Director: After the 27. Manner of Death 28a. Date ot injury (Month, Day Year) 28c. injury at Work? 28d. Describe how injury occurred Certification: 1 ☑ Natural 2 ☐ Accident 5 Pending investigation NONE 1 Yea 2 No 6 ☐ Could not be determined 3 ☐ Sulcide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28t. Location (Straat and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the tima, data end place, end due to the cause(s) and manner stated. Medical 29a. Cartifier (Check only one) 29b. Signature and title of certifier

29d. Dete signed (Month, Day, Year) 29c. License number 30. Name and address of person who completed cause of death (Itam 23a) (Typa, Print) 1 cathelandst



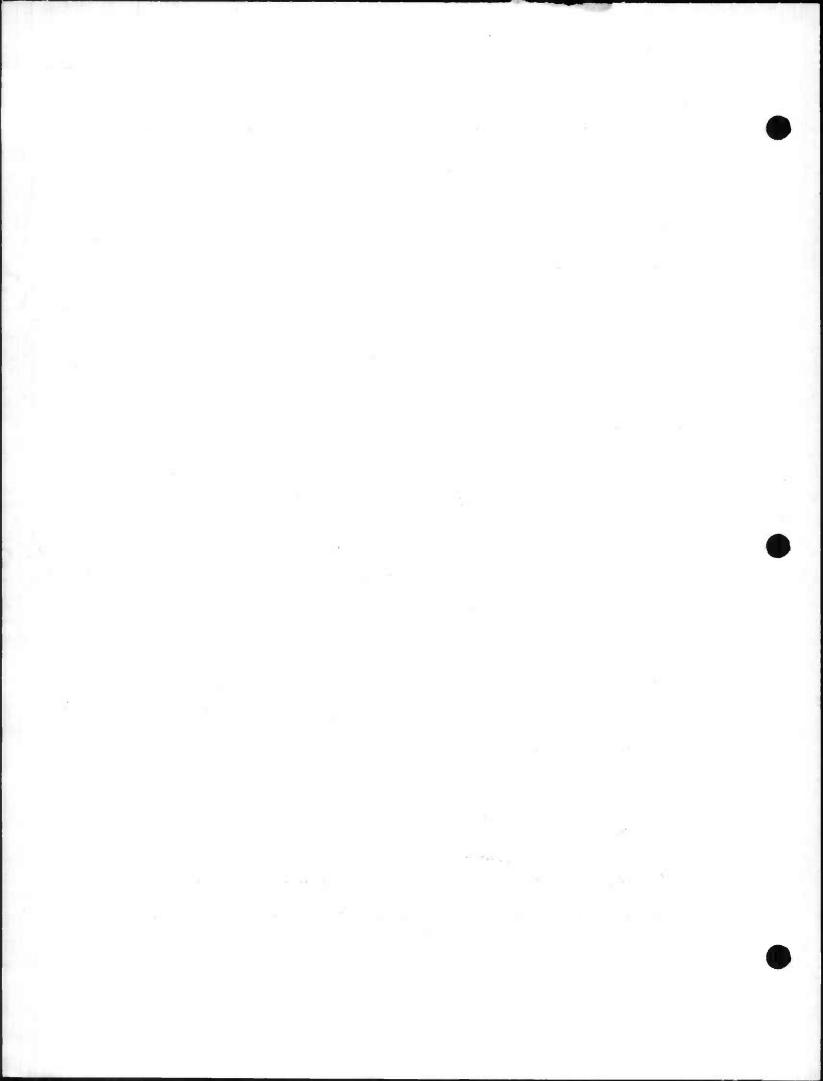
15829

State of Maryland / Department of Health and Mental Hygiene

			1111mg, 755, 10em #10	=,101, 5/	Zalac Ce	rtificate of	Death		Reg. No.	
			Decedent's Name (First, Middle, Last)					2. Date of De	eth	3. Time of Death
	Physic /Medi		ZOPHIA DO	tt ?	ZOFIA DU	L		MAY 2	Day 19	96 1:05 AM
	Examii Funeral		4a. Facility Name (If not institution, give street 5. Social Security Number 6. Sex	Sg Color	yrs. lest birthdey)		4b. City, Town, or L. Button If Under 24 Hrs Hours Min.	8. Date of Bir	N/	A 9. Birthplece (State or Foreign Country)
ш	Director		Usual Residence of Decedent		8/			Oct. 1	,1914	(oland
	h the Maryland r 28a-f show	Director	10a. State 10b. County N/A	6	Delting	re City				10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	23a or	ral Dir	10e. Street and Number 2447 E.	JEFFERSON	N ST.	101. Zip Code	21224		10g. Citizen of W	/hat Country?
020	72 hours after deeth with the Maryland natural", or items 23s or 28s-1 show olds! Examinet must be notified at	by Funeral	1 Never Married 2 Married 1	as Decedent Ever med Forces? ☐ Yes 2 ☑ No Yes, Give eer or Dates:		Was Decedent of F if Yes, specify Cube 1 ☐ Yes 2 ☑ No	lispanic Origin? (Sp en, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	Specify.	American Indien, k, White, etc.
21215-0020	within 72 hours ene. than "natural", he Medical Exc	Completed	15. Decedent's Education (Specify only highest grade com Elementery/Secondary (0-12)	pleted) bilege (1-4or 5+)	16a. Dece (Give life.	dent's Usual Occup kind of work done DO NOT use retired	ation during most of worl i)	king	16b. Kind of Bu	
	filed with Hygiene, ther than	Cou	6th N/A		Asser	mbly Line				n Factory
Maryland	should be filed within and Mental Hygiene. I marked other than umatic event, the M	To Be	17. Father's Na <i>me (First, Middle, Last)</i> Walenty Krol				18. Mother's Nam	e (First, Middle, Unkno		e)
	0 0 m m		19a. Informant's Name/Relationship <i>(Type, P</i> Mrs. Jadwiga D. Hodge	s	1519					State, Zip Code) , Md . 21084
Baltimore,	permit. Peges 1 end Department of Heelth Important: If item 27 any injury or other ti anges.		20a. Method of Disposition 12☐ Burlal 2 ☐ Cremetion 3 ☐ Remov 4 ☐ Donetion 5 ☐ Other (Specify)	al from State		osition (Name of metory or other place Cemetery		Dete 5/29	Baltime	City or Town, State
Balt	permit. Peg Department Importent: f any injury o		21. Signature of Funeral Service Licensee	. Ou	22	-	ss of Fecility Miller Fu ford Rd.			21234
			23a. Part1. Enter the disease, or complication shock or heart failure. List only one can	is that caused the	deeth. Do not ent					Approximate Interval Between
a com	Physician /Medical Examiner	her		Cerebu		dar o				Onset and Death
60,	requires that the death certificete be executed een signed by the attending physician end hould be detached for use as the burial-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due	to (or es a consec	quence of):				
ox 68760,	nding phys	n/Medical	that initiated events resulting in death) Last	Duet	to (or es e conseq	uence of):				
. Bo	death e atte	sicia	Part II. Other significant conditions contributi	ng to death but not	t resulting in the u	ndertying cause giv	en in Part I.	23b. Did	tobacco use con	tribute to the cause of death?
s, P.O	es that the death cert igned by the attendin be detached for use	by Physician						1 🗆		3 Probably 4 Unknown
Records,	2 S S	Completed t			_				an autopsy med?	24b. Were autopsy findings evailable prior to completion of cause of death?
	는 음 집	Co						10	Yes 21 No	1□Yes 2BNo
of Vital	Physician: The this certificate ral director, page	Be	25. Wes case referred to medical exeminer?			100	26. Place of Dea	th (Check only o	one)	
of	0 0	To To	1 Yes 2 No Hospite 27. Manner of Death 28	1 L Inpatient	2 ER/Outpatier		AL Nursing H		denca 6 Othe	
	eeth. or: After the fune	Certification:	1\2\Natural 5 □ Pending 2 □ Accident investigation	a. Date of Injury (Month, Day Yea		M 1	y et k? Yes 2 □ No		how Injury occum	
5	man And Man of Direct	Certifi	4 Homicide determined	Placa of Injury - A building, etc. (Sp.)	pecify)			City or To	vn, Stete)	er or Rural Route Number,
	Park Por	edical	29a. Certifier (Check only one) Certifier Examiner: Call Medical Examiner: Call Control one)	To the best of my in the basis of examend menner steted.	knowledge, death mination and/or in	n occurred at the tin vestigation, in my o	ne, date and piace, pinion, death occur	and due to the red at the time,	cause(s) and mar date and place, a	nner as stated. and due to the cause(s)
	P. Y. C.	Σ	29b. Signature and title of fertifier	0		29c. Licens	-28n		5/24	(Month, Dey, Year)
	10		30. Name and address of person who complete SATTAB MALICA.	ed cause of death	11	Priot)	t. Bai	llemo	ie a	10
	Sta Registr		31. Date filed (Month, Day, Year) MAY 2 9 1996	32. Registrar's S	ignature veloc Rand	all				

STATE OF	MARYLAND .	DEPARTMENT	OF HEALT	H AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DE	HTA		REG NO

	1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA		ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		. DATE OF DEATH	3	. TIME OF DEATH
	Kenneth J. Dower		MONTH DAY	YEAR PIL	10:00 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER	ER 24 HRS. 7	MAY ZI IS		ACE (State or Foreign
	212-06-3898 t	_	(Month, Day, Year)	Country)	ID
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCAT			NTY OF DEA	тн
DIRECTOR	Union Memorial Hospital Baltimo:	re Ci	.ty N	I/A	
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			11	od. INSIDE CITY
		ALTIM			LIMITS?
FUNERAL	100. STREET AND NUMBER 3738 ELLERSLIE AVE 21	218	10g. CITI		AT COUNTRY?
N			ORIGIN? (Specify Yea or No-		- American Indian,
	1X Never Married 2 Married FORCES? 1 YES 2 XNO If yes, specify Cub	ban, Maxican, I		Black, V	White, etc.
В	3 Widowed 4 Divorced IF YES, GIVE WAR OR OATES 1 YES 2 X NO	O Specify:		Specify:	BLACK
COMPLETED	18. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work	king	16b. KIND OF BUSINESS/IND	USTRY	
	Elamentary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)		27./2		
MP	6th N/A STUDENT		N/A		
Ö	17. FATHER'S NAME (First, Middle, Last) 18. MOT	THER'S NAME	(First, Middle, Maiden Sumame)		
BE (MELVIN DOWER M	ARILY	N THOMAS		
TO E	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number	er or Aural Rou	ite Number, City or Town, State, Zip	Code)	
Ĕ	MELVIN DOWER/FATHER 3738 ELLERSLIE	AVE	BALTO, MD 2	21218	
	20a. METHOD OF DISPOSITION 1 Burisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completery cremation or other place)		OATE 20c. LOCATION -	City or Town	, State
	1 Donation 5 Other (Specify) Cemetry, crematory or other place)	25	AY 96 WOODLA	MW.	MD
	21. SIGNATURE OF FUNDIAL SERVICE LICENSEE 22. NAME AND ADORE	ESS OF FACIL	"BETTS FUNE		
	1120 N	CADOL	INE ST BALT		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of di				
	ahock, or heert fallure. List only one cause on each line.	lying, such s	is cardiac or respiratory sn	est,	Approximate interval Between
	IMMEDIATE CAUSE (Fine) disease or condition				Onset and Death
	resulting In death)				4 DAYS
	DUE TO (OR AS A CONSEQUENCE OF):	,			4 DAYS
O	Sequentially list conditions, b. ASTHMA EXACERBAT DUE TO (OR AS A CONSEQUENCE OF):	700			(- // 6
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING				12 4RS
FIC	CAUSE (Disease or injury				12 110
Ē	that initiated events resulting in death) LAST				
SE	d				
AL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause	given in Pe			PERE AUTOPSY FINDINGS
20	None		PERFORMED? 1 YES 2 □ NO	0	OMPLETION OF CAUSE
Ä				1	YES 2 NO
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO VI UN	ICERTAIN			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)				
Sic	EXAMINER? OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 F	Realdence 6	Other (Specify)		
H	27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT		8d. OESCRIBE HOW INJURY OC	CUREO	
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 1 Accident Investigation	□ NO			
ВУ	3 Suleida 28a. PLACE OF INJURY — At home, farm, street, factory, office	2	8t. LOCATION (Street and Number	or Rural Rou	ite Number,
TED	4 Homicide detarmined building, etc. (Specify)		City or Town, State)		
COMPLET	29a. CERTIFIER (Chark only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place.	as and die o	the saves(s) and	de d	
MP	(Check only one) 2 MEDICAL EXAMINER: On the beat of axaminetion and/or investigation, in my opinion, death occurred at the time, oate and place one)				and manner as stated
8					
BE		LITERSE NUMBI			Aonth, Day, Year)
0		11+643	5 AL 30(5 > 1	Y AIV	01,1926
	AME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)				
	31. DATE FILED (MONTH, DAY, Year) 32. REGISTRAP'S TONTHERE	UNIVES	ISITY PARKWA	Y, 5A	TIMORE
	MAY 29 1996				



State of Maryland / Department of Health and Mental Hygiene

96 Certificate of Death

15831

_				OUT	incate of	Deam		Reg. No.		
	Physic	inn	1. Decedent'a Nama (First, Middle, Last)				2. Date of De Month	eth Day	Year	3. Time of Death
	/Medi		STEWART J. DUNN					23 199		10:05 a
)	Exami		4a. Fecility Nama (If not institution, giva street and number)			4b. City, Town, or I				
			GOOD SAMARITAN HOSPITAL			BALTIMO	RE	N/A		
	Funeral		5. Social Sacurity Number 6. Sax, 7. Age (In yrs. Ia	ast birthday)	If Under 1 Yea	r If Under 24 Hrs.	8 Data of Bir	h	9. Birthp	placa (Stata or Foraign
	Director		215-09-6911 ^{1≱M 2□F} 88	Yrs.	Months Deys		(Month, Da 06-30-			
	D.		Usual Rasidance of Dacedant							
	how the			Town or Loca	ation				1	Od. fnsida City Limits
	a Ma	ctor	MD. N/A BAI	TIMOR	E					1 XYas 2 No
	th th	Director	10e. Street and Number		10f. Zip Coda			10g. Citizen of V	Vhet Cour	ntry?
	h wi		3700 MONTEREY RD.		212	218		U.S	. A .	
	dea E	Funeral	11. Marital Status 12. Wes Decedant Evar in U,S Armed Forces?	3. 13. W	as Dacedant of	Hispanic Orlgin? (S ben, Mexican, Puert	pecify Yas or No	14. Rec		can fndlan,
0	aftar or its		1 Nevar Merriad 2 Married 1 Yas 2 No	1	_		o nicali, etc.)		k, White,	
00	ours Fre	by	3 Widowad 4 □ Divorced Yeer or Detas:		□Yas 2 No	Specify:		Specify	WH	ITE
Baltimore, Maryland 21215-0020	should be filled within 72 hours after death with the Maryland und Mental Hygiene. Is marked other than "natural", or items 23s or 28s-f show umatic event, the Medical Examiner must be notified at	Completed	15. Decedant's Education (Specify only highast grada complated)	16a. Decede	nt's Usual Occu	upation a during most of wor	kina	16b. Kind of Bu	sinass/In	dustry
21	thin	pidu	Elamentery/Secondery (0-12) Collage (1-4or 5+)	lifa. Do	O NOT usa retir	ed)	y			
2	M Color	6	12	LIFE	INSUR	NCE		INSUR	ANCE	SALES
pu	New Year	Be	17. Fether's Neme (First, Middle, Last)			18. Mothar's Nan	na (First, Middle,	Maidan Sumam	a)	
la	Aent Aent rked tice	To	WILLIAM E. DUNN			MARY C	ARRICK			
an	s me		19a, Informent's Name/Ralationship (Type, Print)	19b. Malling	Address (Stree	et and Number or Ru	ral Routa Numb	er, City or Town,	Stata, Zip	Code)
Σ	alth 27 l		STEWART K. DUNN	313 P	RESWAY	RD. TI	MONIUM	, MD. 2	1093	
re	a F E E E E			ace of Disposi	ition (Nama of atory or other pl	acel	Dete	20c. Location -	City or To	own, Stete
Ë	ant on the hit it		I Durial 2 Li Cramation 3 Linamoval from Stata		CEMET		28/96	PARKV	ILLE	.MD
=======================================	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Nem 27 is marked other than any Injury or other traumatic event, the Heans.		21. Signature of Funerel Sarvice Licensee		Nama and Add		20,00	1 111(1()		7110 •
ä	Departiment Important		Na (March Care TIVI	H	ENRY W	. JENKI				
			220 Parts Fally the disease of the death of the death			ORK RD.			1212	
			23a. Part1. Entar tha disaesa, or complications that caused the death, shock, or haart failura. List only one cause on each lina.	Do not antai	tha moda of dy	ring, such as cardiac	or raspiratory a	rast,	1	Approximeta fntarval Between Onsat and Deeth
	Physician /Medical		Immediate Cause /Final				1			Ondat and Dooti
7	Examiner		Immediata Causa (Final diseasa or condition resulting in deeth)	hjur	400	omplic	Ahon	2		
2		<u>.</u>	Dua to (or	es a consequ	ence of):	•		1 2 m	W.	
	pe #s	투	b				U.T	See The see		
	and -tran	xan	Immediate Causa (Final diseasa or condition resulting in deeth) Dua to (or Dua to (or Sequentially list conditions, if any, laading to immediate cause. Enter Undarlying Cause (Diseasa or Injury that initiated events Due to (or Due	as a consequ	ance of):	herde	A BY MEDI	CAL EXAMINER		
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-	ras that the death signed by the atte	Physici	Part II. Other significant conditions contributing to death but not rasult	ting in the und	derlying causa g	ivan In Part f.	23b. Did	lobacco use co	ntribute to	the cause of death?
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Ś	igne bed	þ	11 5000111111000							
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Ö	Phys eral d			28b. Tima of	28c. fnj			now injury occur		<i>y</i> /
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is	Attendes ector by the	fica	3 Suicida 6 Could not be 28e. Plece of Injury - At hor	na. farm. strea	at, fectory, office	Α,	28f. Location (Street and Numb		al Routa Number.
á	after d Direct d in by	Certification:	4 Homicida building, atc. (Specify)	Hom			City or Tox	111		
/	1511		29a. Certifiar 12 Certifying Physician: To tha best of my know			time, dete and place	end due to the	ceuse(s) end me		teted.
1	2	Medical	(Check only one) 2 Medical Examiner: On the basis of examination and manner stated.	on end/or inva	stigation, in my	opinion, daath occu	rred at tha tima,	data and piece,	and due to	tha causa(s)
1	a de de	M	29b. Signetura end titla of certifier		29c. Licar	nsa number		29d. Data signe	d (Month.	Day, Year)
	0		Mast 1 - ppc o							
	- 11		17. Mellodelle			44728		5-24	-76	
	17		30. Name end eddress of person who complated causa of death (light			מעדם אי	DATES	MD		
					п качь	EN BLVD.	BALTO	· ,MD ·		
	Sta		31. Date flood (Month, Day, Year) June 22. Registrate Signett	NO.						
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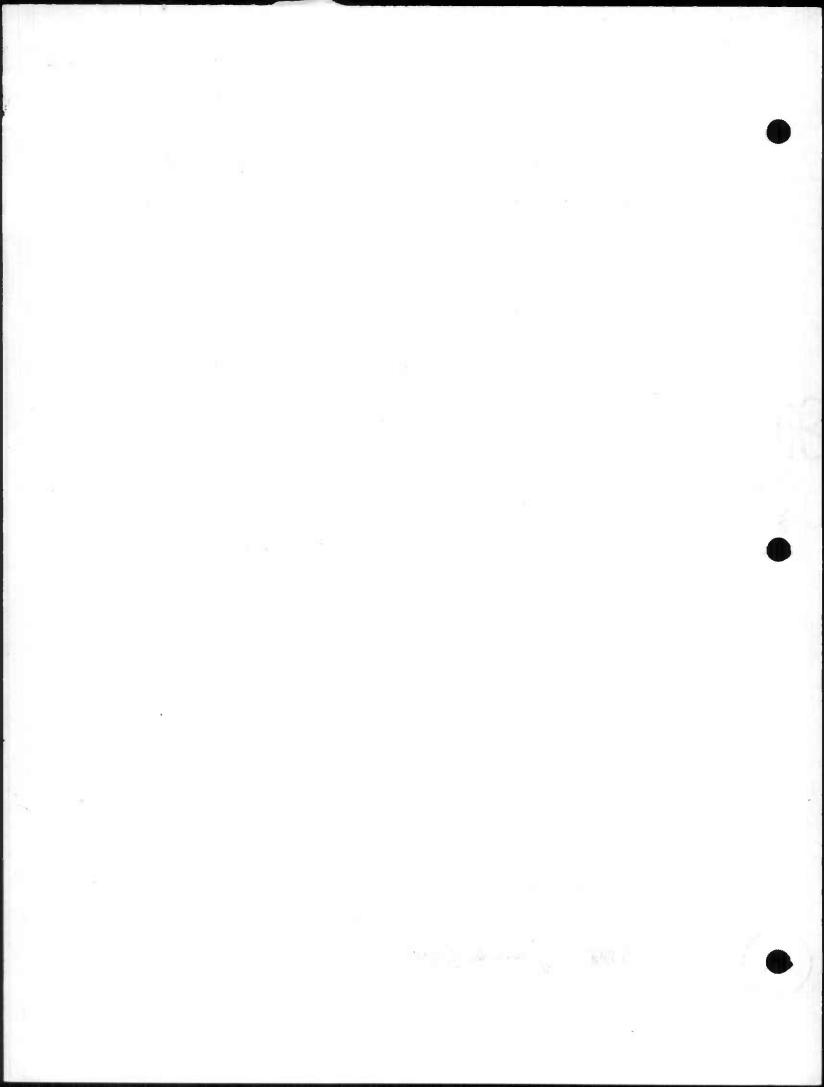
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DIVISION OF VITAL RECORDS, P.O. BOX 68760 CAL BALTIMORE, MARYLAND 21215-0020	OD ATTENDING DUVCHANT The Jan contrings that the death cartificate he executed within 24 hours after death. Dans & may be retained by the beenited or attendance phasticies

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN	_		
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH	3. TIME OF DEATH		
James Micha	ael Dalton						1996	8:40 A M
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
111-12-8480	1 🔀 M 2 🗆 F	84 YRS.		III FIIII COLL	4-7-1912			nsylvania
9a. FACILITY NAME (If not institution, gi			14.2	/N OR LOCATION OF DI	EATH	9c. COU	NTY OF DE	ATH
12100 Cedarbro			Laure	1		Pr	ince	George
10a. STATE 10b. COU		10c. CI	TY, TOWN OR LO	CATION				10d. INSIDE CITY
Maryland Pri	ince George		Laurel					LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CIT	IZEN OF WI	AT COUNTRY?
12100 Cedarbro	ook Lane			20708		1	USA	
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 TY YES			DECENDENT OF HISPAI , specify Cuban, Mexico	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	a or No—	14. RACE Bleck,	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 X NO Specif			Specify T.Tlo	
15. DECEDENT'S E		18e DECEDENT	S USUAL OCCUP	ATION	16b. KIND OF BU	CINESC /INC		ite
(Specify only highest gr Elementary/Secondary (0-12)	rade completed) College (1-4 or 5+)	(Give kind o	work done during use retired.) 1ufactu	most of working	TOOL KIND OF BU	SINE 33/INL	703 INT	
12	4		resenta		Men	s Ac	cesso	ries
17. FATHER'S NAME (First, Middle, Last)		I I I	or esemen		AME (First, Middle, Maider			
Maurice Dalt	on			Maud	e King			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Str	eet and Number or Rural	Route Number, City or Tox	vn, State, Zip	Code)	
Janice S. Dalt	on	12100) Cedarl	orook Lane	Laurel,	Mary!	land	20708
20e. METHOD OF DISPOSITION 1 Durial 24 Cremation 3 R	lamoval from State	0b. PLACE AND DATI	E OF DISPOSITION	(Name of	DATE 20c. LO	OCATION —	City or Tow	n, State
4 Donation 5 Other (Specify)	F	Baltimore	Washi	ngton Crem	. 5/25 La	urel	, Mar	yland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /		Fle o	k Funeral	Home, Inc			
· / Colar	couleasey	'			ring Road		rel.	MD 20707
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. PAN	esch line.	ic l	ARCINOI				interval Between Onset and Death MONTHS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE						
PART II. Other algnificent condi	tions contributing to death	but not resulting	in the under	ying cause given in	Part I. 24s. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
				,	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 _ YES	2 WNO		OF DEATH? 1 □ YES 2 □ NO
DID TOBACCO USE COI	NTRIBUTE TO CAUSE	OF DEATH	res 🗆 NO	☐ UNCERTAI	NO			1 163 2 6 40
25. WAS CASE REFERRED TO MEDICA		26. PLACE OF DE						
EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER: 4 Nursing	Home 5 F Residence	8 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	Y 28b. Ti	NJURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED	
2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	be 28e. PLACE OF INJUI	RY — Al home, ferm	, atreet, factory,	office	281, LOCATION (Street City or Town, State		r or Rural Ro	oute Number,
and and	HYSICIAN: To the best of my knowing							end menner ee stated.
29b. SIGNATURE AND TITLE OF CERT	IFIER			29c, LICENSE NU	MBER	29d. DAT	TE SIGNED	(Month, Day, Year)
Man a	an m)			DZ49	997	>	5/2	5/96
30. NAME AND ADDRESS OF PERSON								
Luis A. CAS	AS M.D. 8	317 CH	erry	LANE	LAUREZ	ud	207	07
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE						
MAY 2.0 1000	Julia Levidora							
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State of Maryland / Department of Health and Mental Hygiene

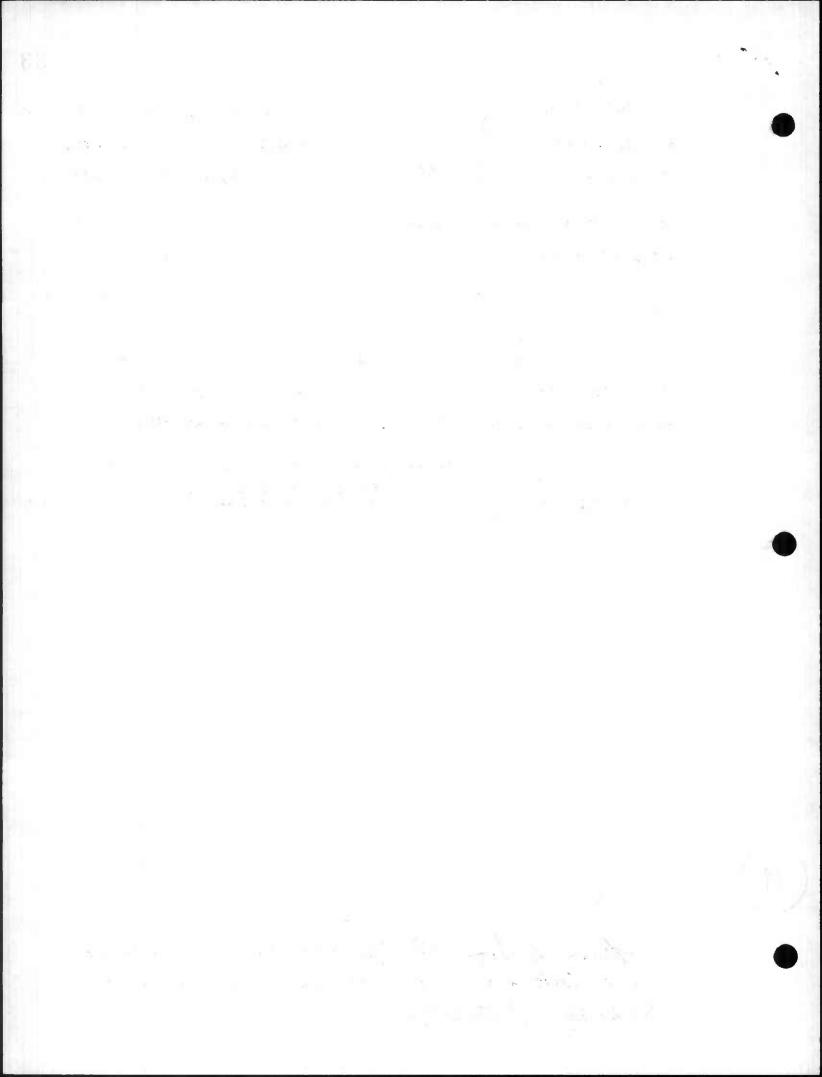
Certificate of Death

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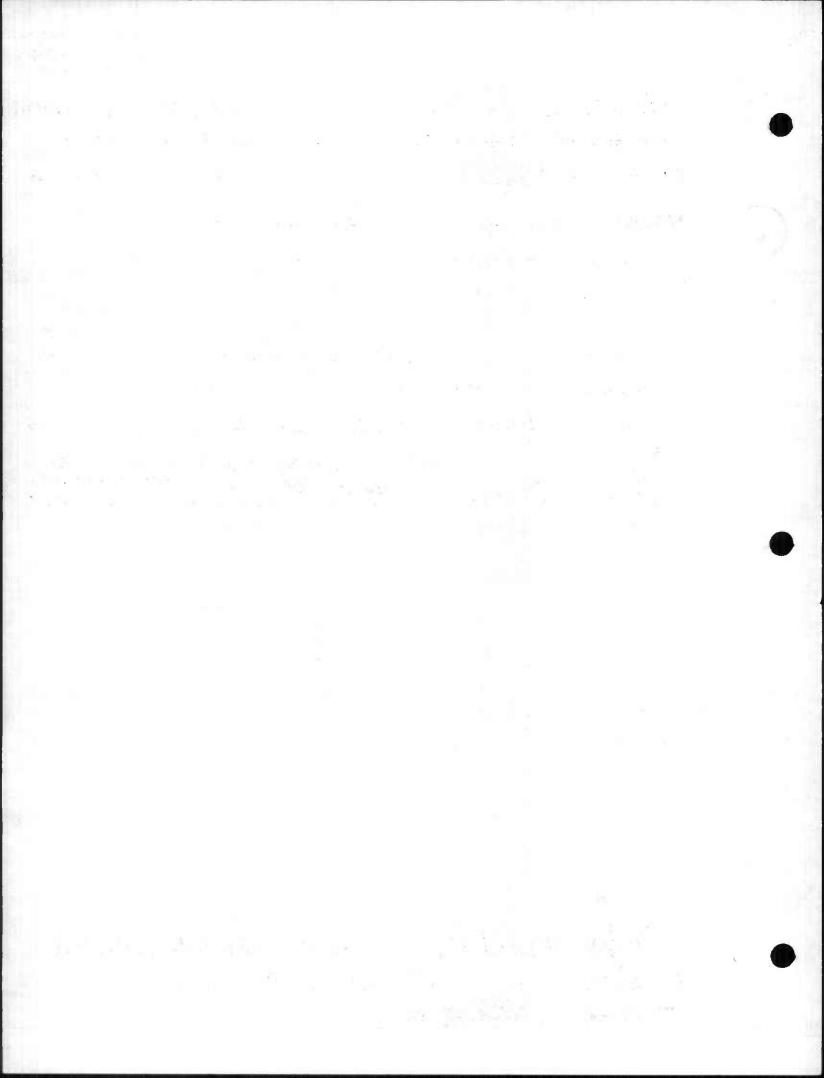
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/Med		Emma Marion D						May 2	5, 1996		10:20 P.M
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		319 Laurel Av	+	I = 112.0		1 Hiladas 4 V	Laur			nce Ge	
Funera	_	5. Social Security Number	6. Sex 1 ☐ M 2 反		rs. last birthda 82 Yrs.	y) If Under 1 Y Months D	eys Hours	Min. (Month, I	Birth Dey, Year)	9. Birthpie Counti	ece (Stete or Foreign
Directo	or	570-32-8743 Usuel Residence of Decedent	Λ		02 110.			Aug. l	2, 1913	Cali	ífornia
puel man		10a. Stete 10b. Count	ty	10c.	City, Town or	Location				10	d. Inside City Limits
Many	ō	MD Pri	nce Geor	70	Laurel						1⊕ Yes 2□ No
158 288 E	Director	10e. Street end Number	nce Geor	ge	Laurer	10f. Zip Co	de		10g. Citizen of	What Countr	A
With Sa or		319 Laurel Av	enue			2070			USA		,,
at and 2 should be filed within 72 hours efter deeth with the Maryland Thath and Mental Aygiana. The the hold Mental Aygiana. The marked other than "natural", or items 23a or 28a-f show other traumatic svent, the Medical Examinar traus be notified at	Funeral	11. Maritel Status		Decedent Ever in	1 U.S. 13			n? (Specify Yes or I		ce - America	n Indien.
ter ter	Ē	1 Never Merried 2 Me		d Forces? es 2√7 No , Give A				n? (Specify Yes or it Puerto Rican, etc.)	Ble	ck, White, e	tc.
urs e	þ	3 □Widowed 4 □ Divorce	ed Yeer	, Give A or Detes:		1□ Yes 2€	No Specify:		Specif	y: Whit	e
2 ho	Completed		ent's Education	a1.	18e. Dec	edent's Usuel O	ccupation	. 15-1	16b. Kind of B	lusiness/Indu	ustry
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filed within Hygiena. Ither than	5	8	Ø		Но	memaker			Own	Home	
of The	Be	17. Father's Neme (First, Middle	e, Last)				18. Mother's	s Neme (First, Midd	lie, Maiden Sumer	ne)	
uld b Went	To	William Carl	Ahlborn				Geor	giemay He	ppeler A	hlborn	ı
12 should be filed w h end Mental Hygie 7 Is marked other ti traumatic svent, th	1	19e. Informant's Neme/Reletion	nship (Type, Print)		19b. Me	iling Address (Si	treet end Number	or Rural Route Num	ber, City or Town	, State, Zip (Code)
and Same		Daniel Irving	Daffer/	Son	P.	O. Box	459, Pah	rump, Nev	ada 8904	1	
permit. Pages 1 and 2 Department of Health e Important: If Nem 27 Is any Injury or other tra		20a. Method of Disposition	4 CD		. Pleca of Disposery, cr	position (Neme of	of r piece)	Dete	20c. Location	- City or Tow	m, Stete
Pages hent of h int: If its ary or of	١.	1 Buriel 2 Cremation 4 Donetion 5 Other (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Communi	7, 7550	5/31	Pahrum	n. NV	
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Examine	r	resulting in deeth)	a. Ma	etastic Due to	Renal (or es e cons		na				lears
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certificate be executed iding physician end ise as the buriel-transit	/Medical	thet initiated events resulting in deeth) Lest	c	Due to	(or es e conse	equence of):					
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v require been signal	Completed								es an eutopsy rformed?	evei	e autopsy findings lable prior to
2 S E	ple							_			pletion of cause eeth?
Pa ag	00							1 🗆	Yes No	10	Yes 2000
Physician: The this certificate rel director, pag	Be	25. Was case referred to medic examiner?					28. Plece o	f Deeth (Check only	y one)		
0 0	10	1 Yes 2 No	Hospitel: 1	☐ Inpatient 2	□ ER/Outpati	ent 3 DOA	Other: 4 Nurs	ing Home 5 Re	sidence 6 🗆 Otl	ner (Specify)	
Ming Ph h. After th funerel	ino	27. Menner of Deeth 1 X Neturel 5 ☐ Pend		ete of Injury Month, Dey Year)	28b. Time Injury	of 28c.	Injury et Work?	28d. Describ	e how Injury occur	rred	
ending fath. or: After the fune	cati	2 Accident Inves	tigetion			М	1 ☐ Yes 2 ☐ No				
	ŧ	3 Suicide 6 Could deten	mined 208. P	ece of Injury - Aluilding, etc. (Spe		street, factory, of	fice		(Street end Num: own, Stete)	ber or Rural	Route Number,
7 6	P-18- A										
2 4 5 6		29e. Certifler 1 X Certify	ing Physician: To	the best of my k	nowledge, dec	eth occurred et th	ne time, dete end province time, dete end	piece, end due to the occurred et the time	e ceuse(s) end m	enner es ste	ted. the ceuse(s)
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Fundament	edical	29b. Signeture end title of certifit 30. Name end eddress of person	end n	eause of deeth (III	MD tem 23a) (Type 3/7	e, Print)	2499	97 LAUREL	50	128/9	

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			State of Mar	yland / Departme <i>Certifica</i>				ene J g. No.	0	0034
	Physic /Medi		1. Decedent's Name (First, Middle, Last) TAMES E. DIG	·6-S		2	Data of Death	26 1	Voor	3. Time of Death 7:12-AW
	Exami		4a. Facility Nama (If not institution, give street and number) SINAI HOSPITAL OF BIALTI	MORE		46. City, Town, or Local BALTIMOR	E MAD	4c. County BAL	of Death	RE
	Funeral Director		220-24-3835 XM 20F	(In yrs. last birthday) If Und Month	dar 1 Yaar s Days	Hours Min.	Date of Birth (Month, Day, TUNE 22	1929	9. Birthplace Country) MARY	a (State or Foreign
-	Thom a			Oc. City, Town or Location			•			Inside City Limits
91	No.	Directo	MARYLAND BALTIMORE 10e. Spreet and Number		BA Zip Code	LTIMORE	CIT	Citizen of V	What Country?	1 Yes 2 No
	200	I D	2510 KENWORTH AVENCE		Lip Good	21215	,,	US		
020	urs after deal aft, or itsere : Examiner, mu	by Funeral	11. Maritai Status 1 Navar Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Every Armed Forces? 1 Yas 2 No If Yes, Give Yaar or Datas:	ar in U,S. 13. Was Dec If Yas, sp	cedent of pecify Cut 2 No	Hispanic Origin? (Speci pan, Mexican, Puerto Ri Specify:	fy Yas or No- can, etc.)	14. Rac	e - American I ck, Whita, etc.	
5-0	72 ho natural	eted	15. Decedent's Education (Spacify only highest grada complated)	16a. Decedent's Us	sual Occu	pation during most of working	1	6b. Kind of Bu	usiness/Indust	iry
121215-0020	led within hygiene. her than nt, the Me	Be Completed	Elementary/Secondary (0-12) Coilege (1-4or 5+)	life. DO NOT	use retire	y LINE WO	RKER (SENER	AL M	OTORS
Maryland	id be fi ental H ked offi is ever	0	17. Father's Name (First, Middle, Last) ANDREW W	ILSON	1	18. Mother's Name ()) GG	15
lary	2 shou and M is men sumet	-	19a. Informant's Name/Retationship (Type, Print)		ss (Stree	t and Number or Rural				
Baltimore, M	ges 1 and t of Health if item 27 or other tr		OMIE DIGGS 20a. Method of Disposition 1 A Burial 2 Cremation 3 Ramoval from State	20b. Place of Disposition (A cemetery, crematory of	lame of r other pla	100)				2/2/5 Stata
Itim	it. Pag intmen retent: njury		4 Donation 5 Other (Specify) 21. Signature of Fundral Service Licensee	WOODLAWN 22. Name JOSEI	CEI	METERY 5-	30-96	WOOD	LAWN,	MD.
Ba	Dep impo		100 D.B	JOSEF	HH	FULTON A	JR. F	UNER	AL HOM	5,P.A.
	Dhusisian		23a. Part1. Enter the diseasa, or complications that caused the shock, or heart fallura. List only one cause on each line.	e daath. Do not anter tha m	ode of dy	ing, such as cardiac or	raspiratory arras	st,	Ap	proximate arval Batween aset and Death
7	Physician /Medical Examiner		immediata Causa (Final disease or condition resulting in death)	SIOGENIC	51	HOCK				
	D =	ner		ie to (or as a consequence of ARU ART		NISEAS	SE			
	be exacuted ician end buriel-transit	Examiner		a to (or as a consequence o		01-01.				
68760,	cate be ex physician s the burie	dical		a to (or as a consequence of	f):				1	
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. Box	deeth certif e attending ed for use es	iciar	Part II. Other significant conditions contributing to death but	not resulting in the underlying	r cause ni	iven in Part I	23b. Did tob	acco use co	ntribute to the	e cause of death?
P.0	thet the de ed by the deteched	Phys	TUDE II DIAbetes					s 2□ No	3 Probab	
Records,	s been sign s should be	Completed by Physician/M					24a. Was an perform	autopsy ed?	availal	autopsy findings bla prior to etion of cause th?
	The ate h	Com					1)X Yas	2 □ No	1 🗆 Ya	as 2 No
of Vital	ilcian: certific rector,	Be	25. Was case refarred to medical axaminar?		Ot	26. Place of Death (-	100.0000	
Jo C		n: To	27. Magner of Death 28a. Date of Injury	28b. Time of	28c. Inju	4 Unursing Home	e 5 □ Resider id. Describe hov			
Division	Attending r deeth. ector: After by the fune	catic	2 Accident investigation	М	1[Yes 2 No	d Landing (On-		0 -/0	
Divi	s effer Direct d in by	Certification:	4 Homicide determined 286. Place of Injury building, etc. (- At home, farm, street, factors (Specify)	ory, office	28	f. Location (Stre City or Town,	State)	er or Hurai Ho	oute Number,
	To the Hospital or Attendil within 24 hours effer deeth. To the Funeral Director: A completely filled in by the fo	edical (29a. Certifier (Check only one) Certifying Physician: To the best of read and mannar state	camination and/or investigation	ed et the to	ime, date and place, an opinion, deeth occurred	d due to the car et the time, da	use(s) and ma te and piece,	anner as state end due to the	d. e cause(s)
	To the To the complex	M	29b. Signature and title of certifiar	1 A		se number 102321MB		_	26,10	996
	4		Name and address of person who completed cause of dear M . B OURSIQUOT, M D S (I	h (Item 23a) (Type, Print), AI HOSPI+	AL (102321MB	MOR	E		
	Sta Registr		31. Date filed (Month, Day, Year) MAY 29 1996 32. Registrar's	s Signatura						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 | 5835

						Cei	tificate of	Death		Reg. No.		0000
	Dhusis	ion	1. Decedent's Nama (First, Middle, La	-					2. Dete of D Month		Year	3. Tima of Death
	Physic /Medi		THOMAS A.	FRENC	H				MAY		996	11:10 PM
	Exami		4a. Facility Name (If not Institution, giv					4b. City, Town, or				
			HOWARD (OUDTY	GENERA	AL HO	SPITA		Colun	MBIA	140	WAR	1
	Funeral Director		5. Social Security Number 6. S 219–10–2129	Sex 7. Ag	e (In yrs. lest 89	birthday) Yrs.	Months Deys		8. Data of B (Month, D	irth Pay, Year) 9, 1907	9. Birthp Coun Mary	place (State or Foreign ntor) 'Land
	p ,		Usual Rasidance of Decedant 10a. Steta 10b. County		10- Ch. T							
	eryle eho	-		al.	10c. City, T		cation				1	0d. inside City Limits 1 ☐ Yas 2 ☐ YNo
	Ne M	ecto	Md. Howar	·u	Elkri	age	1					
	th with t	al Dir	10e. Street end Number 5290 Landing Roa	ıd			10f. Zip Coda 212	227		10g. Citizen of	What Coun USA	try?
	72 hours efter deeth with the Maryland natural, or items 23a or 28a-f ehow deal Examiner must be notified at	by Funeral Director	11. Meritel Status 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forcas? 1 ☐ Yas 2 🕅 If Yes, Giva Yaar or Datas:	Evar in U,S. No		Vas Decedant of f Yas, specify Cul I ☐ Yes 2 ☒ No	Hispenic Origin? (: ben, Maxican, Pue Specify:	Specify Yes or N rto Rican, atc.)	o- 14. Rei Bla Specil	ce - Americ ck, Whita, y: Whi	atc.
	s 1 and 2 should be filed within 72 hours if Heath and Mental Hygiene. Item 27 is marked other than "natural", other traumatic event, the Medical En-	Completed	15. Decedant's Ed (Specify only highest gra	ducation	1	Sa. Deced	lant's Usual Occu	petion	ndring	16b. Kind of B	usiness/înc	dustry
i	thin e	du	Elamantary/Secondary (0-12)	Collaga (1-4or 5	5+)			during most of wo	rking			
	filed within Hygiene. ther than "	00	8			Care	taker			Sisters	of N	lotre Dame
	Mark Table	Be	17. Fathar's Nama (First, Middla, Last)					18. Mothar's Na	ma (First, Middle	e, Maldan Sumar	na)	
	Ment	2	Thomas J. Frenc	h				Lorrett	a Hartz	ell		
	2 should be fi end Mental H ie marked of aumetic ever		19a. informant's Name/Raietionship (Type, Print)				t and Number or F		-	Stata, Zip	Coda)
	1 end Health Pm 27 ther tr		Thomas J. Frenc	h – son				Drive,	Elkridg	e, Md.	21227	,
	Page nent o ant: If ary or		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation ☐ 4 ☐ Donetion 5 ☐ Other (South	Removal from State			sition (Name of natory or other pla Ige Memor	ace) rial Park	5/29/9	20c. Location 6 Elkri		
1	permit. Pag Department Important: It any injury o		21. Signature of Fungation Service Licenter	1//1			Neme end Addr Iry L. Ka 395 Main	ass of Facility Bufman Fu St., Elk	neral H	ome of E	lk.,	Inc.
	Novalaiau		23a. Part1. Entar tha disease or communication shock, or heart failure.	plications that caused one cause on each lin	I tha death. D						1	Approximata interval Batween Onset and Death
	hysician /Medical		Immediata Ceusa (Final disease or condition	. SEPSI	2.							IDAY
	Examiner		resulting in death)	a.	Dua to (or as	a consag	uanca of):				-	
	D 45	ner			CYSTIT						ļ	2 DAYS
	outer nd ransi	Examiner	Sequentially list conditions.		Due to (or as		uence of):					UH13
	fificate be executed g physician and as the buriel-transit		Sequentially list conditions, if any, leading to immadiate causa. Entar Undarlying Cause (Disease or Injury				•				i	
	ite be	Cas	that milialed events	C	Due to (or es	e consequ	uance of):				+	
	ding ph se as th	/Medical	rasulting in death) Lest	d								
	deeth cert e attendin ed for use	Physician/I	Part II. Other significant conditions or	ontributing to death be	ut not rasulting	ı in tha ur	deriving causa g	ivan in Part I.	23b. Did	I tobacco use co	ntribute to	the causs of death?
	res that the de signed by the a be detached to	, h							1□	Yes 2 No	3 Prob	bebly 4 Unknown
	pend pende	oy F	DEHYDRATION , K	ENAL INSU	YEELCIE	MCA	, CHRO	MIC				
	peen s	Completed by	BLADDER OUTLET	OBSTRUCTI	NO.	PROS	TATE CA	NCENT	24a. Wa	s en eutopsy formed?	ava	era autopsy findings ailable prior to mpletion of causa daath?
			COROLLARY ARTER	y DISEASE	Ace	nc S	TENOSIS	•	10	Yas 2 No	10]Yas 2□ No
	certif	Be	25. Was casa rafarrad to medical axaminar?	Hospital:			Or	her	ath (Check only			
		. To	1 Yes 2 No	1 Linpatia	nt 2 ER/		3LI DOA	4 Nursing	T	idence 6 Ott		0
3	eth. or: After he funer	Certification:	1 Natural 5 Panding Investigation		Year) 28t	. Tima of Injury	M 1	nyat ork?]Yes 2 □ No	28d. Daschbe	how Injury occur	red	
3	n or An Fafter de I Direct d in by t	Sertific	3 Suicida 6 Could not be 4 Homicida datarmined	28a. Place of Injubulding, etc	ury - At home, c. (Specify)	farm, stre	eat, factory, office			(Straet end Numi own, Stata)	ber or Rura	l Routa Number,
	i o the mospital or Attending Pn within 24 holfs-affer deeth. To the Funeral Director: After thi completely filled in by the funeral	edical (29a. Cartifiar (Check only one) Certifying Physics 2 Medical Example 2	ysician: To the best of niner: On the basis of and manner sta	examinetion	ga, death and/or inv	occurred at tha ti astigation, in my	ima, date and plec opinion, death occ	e, end dua to the urred at tha tima	a ceusa(s) and m , deta and piace,	annar as st and dua to	ated. the ceuse(s)
	Nithir Comp	Ň	29b. Signetura and tale of certifiar				29c. Lican			29d. Data signe	d (Month, I	Day, Year)
	2 0		Agellons h	V			138	296		MAYZ	6.	1996
			30. Name and address of person who o	complated cause of d	eeth /Item 22	a) (Tuna		-		, ,,,,, e	/	
			· · · · · · · · · · · · · · · · · · ·		·		*	ELLICO	TT CITY	MA	2104	>
	Sta	to	31. Data filed (Month, Day, Yaar)	2. Flegistra		//	-0.3 1-0/			, 1700		
	ات Registr		MAY 29 1996	a Davidson	-Nahasis	0						



State of Maryland / Department of Health and Mental Hygiene

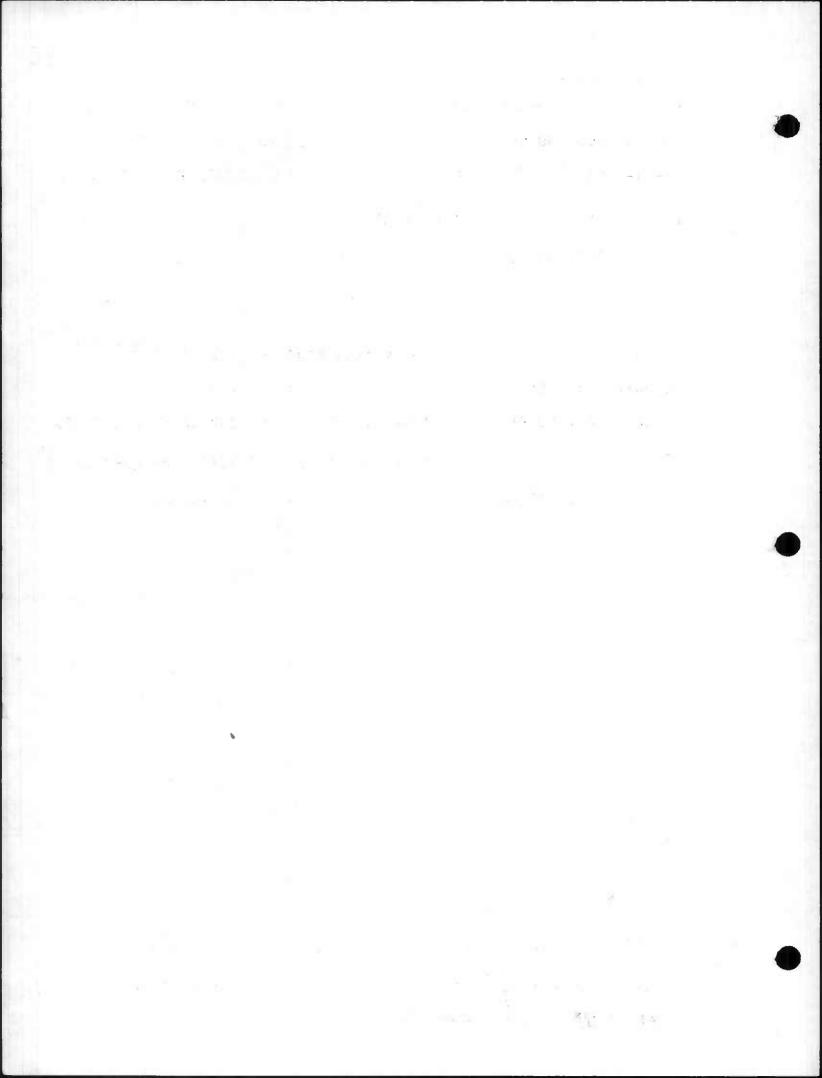
96 15836

			Item: 20c per F'.H.		-		ertificate of			Reg. No.	20	13036
	Physici	an	1. Decedent's Nema (First, Mide EDNA L.	lle, Last) MORGAI					2. Dete of De Month MAY	26 ^{Dey} 199	Yeer	3. Tima of Deeth
5	/Medi		4a. Facility Neme (If not institution					4b. City, Town, or Lo	1		y of Deeth	119pm
	Examir	ier	1001 N. WOO		,			BALTO		N/A		
	Funeral Director		5. Sociel Security Number 217 - 24 - 4665	6. Sex 1 □ M 2 🖾 F	7. Age (In) 6.4	rs. last birthda Yrs.	y) If Undar 1 Yaar Months Deys	If Undar 24 Hrs. Hours Min.	8. Dete of Bir (Month, Da 3 / 1 8	th ly, Year) / 32	Cour	olace (Steta or Foreign ORIDA
	and w		Usual Residence of Decedent 10a. Stete 10b. Count	,	10c.	City, Town or	Location				1	Od. Insida City Limits
	Mary H sh	to	MD NA		į.	BALTIM	ORE					1⊠Yas 2□No
	th the	Jirec	10e. Street and Number				10f. Zip Code			10g. Citizen ot	Whet Cour	ntry?
	ath w	rai	1001 W0001N	GTON RD	4		21229			USA		
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland fem 12 hours and Mental Hygiena. The litera 23a or 28a-f show other transfed other than "natural", or frems 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral Director	Narital Status Never Married 2⊠ Me Widowed 4 □ Divorce	Armed I	2 X No Give	n U,S. 13	B. Was Decedent of H If Yas, specify Cub		acify Yas or No Ricen, atc.)		ce - Amaric ck, White, by: BL/	etc.
5-0	72 ho	sted	15. Decede	nt's Educetion	4)	16e. Dec	edent's Usuel Occup ve kind of work done	pation during most of work	ina	16b. Kind of B	lusiness/In	dustry
121	han "	Completed	Elementery/Secondery (0-12)		(1-4or 5+)	life.	. DO NOT use retire	d)		STELL	A MA	ARIS
d 2	flied v Hygie ther t		8th 17. Fathar's Name (First, Middle	Last)		SUP	ERVISOR	HOUSEKE				
an	lid be ked o	To Be	CLARENCE B	AILEY				GENEVA	RAMSE	Υ		
Maryland	2 should end Mer is marke aumatic		19e. Informent's Name/Relation				lling Address (Street	end Number or Run	al Route Numb	er, City or Town		
	end m 27		DONALD FURR	/ HUSBAI			1 N. WOO					
Baltimore,			20e. Method of Disposition 1 ☐ Burial 2 ☐ Cramation		II State		position (Neme of remetory or other pia		Data	20c docation		own, Stete
	permit. Pege Department of Important: If any Injury or once.		4 □ Donation 5 □ Other (3				Y VALLEY 22. Neme and Addra		5/30/\$	o nyt	ANE	VALLEY
Ö	Depa Impo		Same	- Other			MARCH F/		4300 W	ABASH	AVE	
	_		23a: Pert1. Enter tha disaase, of shock, or heert teilure. Lis	complications that	caused tha d							Approximete Interval Between
	Physician		STOCK, OF HEER TENUTE. LIS									Onset end Death
2	/Medical Examiner		Immediate Cause (Fine) disease or condition resulting In death)	0	ardiac	3 90	r 4th mia					Minutes
		e	resulting in dodary	0		o (or es e cons	- A	0:			1	Minutes Years Years
	ponta de la contra del contra de la contra del la contra del la contra del la contr	Examiner	Sequentially list conditions	Ь.	Orona Due to	o (of as e cons	outery	Pioea	se		<u> </u>	Jeers
o,	ificate be executed g physician and es the buriel-transit	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that Initiated events		Dialet		elletin					years-
68760,	hysic the b	edical	thet Initiated events resulting in death) Last	С	Due to	(or es e conse	equence of):					J
	ding p			d								
m m	etten d for u	Physician/N	Port II. Other classificant conditi		darth but and			To the Point	005 014		1	
O.	by the	hys	Part II. Other significant conditi	one contributing to	death but not	resulting in the	underlying ceuse gr	ven in Part I.		Yes 200 No		o the cause of death? bebly 4 □ Unknown
S, F	as tha igned be da	by										
Division of Vital Records, P.O. Box	The lew requires that the death certificate be executed ate hes been signed by the ettending physician and page 2 should be datached for use as the buriel-transit	Completed							24e. Wes	en eutopsy omed?	av	ere eutopsy tindings eilable prior to mpletion of ceuse daeth?
<u> </u>	cate h	Con							10	Yes 200No	10	☐Yes 2 No
	Physicien: Tha lew this certificate hes ral director, page 2	9 Be	25. Wes case reterred to medice exeminer?	Hospital:			Ott	26. Plece of Deet				
ō	r this	n: To	1 ☐ Yes 2☐ No 27. Menner of Deeth	1 1 L	Inpatient 2 e of Injury onth, Day Year	2 ☐ ER/Outpeti 28b. Time	ot 28c. Inju	4 LI Nursing Ho		dence 6 ⊟Oti how injury occu		(y)
ion	eth. r: Afte	atio	1 Neturel 5 Pendi 2 Accident invest	ng (Mo Igetion	onth, Day Year) Injury		rk? Yes 2 □ No				
DIVIS	to the tigspital or Attending Physicien: thin 24 hours elfar death To the Funeral Director: After this certifica completely filled in by the funeral director,	Certification:	3 Suicide 6 Could 4 Homicide deterr	nined 288. Plac	ce ot Injury - A ding, etc. (Spe	t homa, ferm, s ecify)	street, fectory, office		28f. Location (City or To	Street end Num wn, State)	ber or Rura	ai Routa Number,
1	he Hosp In 24 hou he Funer pletely fill	edicai	29a. Certifiar (Check only one) Certifying Certifying Certifying	Examiner: On the	ha best of my le basis of exem inner steted.	knowledge, dee inetion and/or i	eth occurred et tha til Investigetion, in my c	ma, data and plece, opinion, death occurr	and due to the rad et the tima,	ceuse(s) end m date end place,	ennar as s end due to	teted. o the ceuse(s)
1	To the com	Σ	29b. Signatura and title of certific	or A A	00		29c. Licens			29d. Date signe		Dey, Year)
			Varia t	Made	M r	10, Phi	D D:	31419		5/28	176	
	7		30. Name and address of person	who completed the	MD f	tem 23e) (Type	5601 (och Rque	en Blu	d, Ba	et.	Md 21239

Registrar

BAY 9 0 100

Registrer's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

							Ce	rtifica	ate of	Death			Reg. No.			
			1. Decedent's Name (First, Mide	lie, Last)								2. Dete of De	eth		3. Tim	ne of Deeth
	Physic		Dorot	mi	E	1-	rant	-3				Month	Dey 27	- 1996	1 0	530
1	/Medi Examir		4e. Fecility Neme (If not institution	on, give street)	0.77)		4b. City, Tov	wn, or Lo	ocation of Deeth	-	County of Deet		330
7	Examin	iei	St M	gnes	M	espir	40			Ba	Klin	nore	1	n 1	more	,
	Funeral		5. Sociel Security Number	6. Sex		-	est birthdey)	If Und	der 1 Year	If Under 2	24 Hrs.	8. Dete of Birt	h le	9 Rin		
	Director		217-18-6781 Usuel Residence of Decedent	1□ M 2	₽ CL _X F	86	Yrs.	Month	ns Deys	Hours	Min.	(Month, De FEB 1	y, Year) 5,191		RYLAN	ate or Foreign
	and **		10e. Stete 10b. Count	,		10c. City	, Town or Lo	ocation							10d. Insid	le City Limits
	Aaryl	ō	MD BALTI	MORE			BALTI									Yes 2⊠No
	the the	Director	10e. Street and Number	TIONE					Zip Code				10m China	an of the of Co		
	th with 23a or		4130 WILKENS A	VENUE				101.		21229			TOG. CRIZE	en of Whet Co U . S . A		
	Herns Herns	Funeral	11. Meritei Status	12. We	es Decedent med Forces?	Ever in U,S	6. 13.	Was De	cedent of I	Hispenic Orig	pin? (Sp	ecify Yes or No Rican, etc.)	- 14	4. Rece - Ame Bleck, White		n,
020	filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ont, the Medical Examiner must be notified at	by	1 Never Merried 2 Ma 3 XWidowed 4 Divorce	rried 1 [Yes 2. Yes, Give er or Detes:				2(DXNo			, , , , , , ,		Specify:	WHI	TE
15-0	n 72 hours eff	eted	15. Decede (Specify only high	nt's Education est grede comp	oleted)		16e. Dece	kind of	work done	during most	of work	ing	16b. Kind	d of Business/	Industry	
21215-0020	filed within 72 ho Hygiene. ther than *natur int, the Medical	Completed	Elementery/Secondery (0-12) 12TH GRADE	Co	ollege (1-4or	5+)			Tuse retire INTAN'	,			ROWLE	Y TRAN	SPORT	CO.
D	be filed tal Hyg d other event,		17. Fether's Neme (First, Middle	, Last)						T	r's Nam	e (First, Middle,	Meiden S	umeme)		
lan		To Be	MORRIS H. WALN	ΙER						GERTR	UDE	L. HAN	FT			
Maryland	end end s m	_	19e. Informent's Neme/Reletion		int)							al Route Number				2
	f Health fem 27 other tr		THOMAS FRANTZ	(SON)	<u> </u>					OOR LA	NE -	- ELLIC	OTT C	ITY, MD	2104	3
Baltimore,	8 5 5 0		20e. Method of Disposition 1 Buriel 2 Cremetion		el from Stete	Ce	ece of Dispo	metory o	r other ple			Dete / 1 / 0 6		ation - City or	Town, Stete	е
量	it. Purtue		4 Donetion 5 Other (5 1000	LOUL	ON PA					/1/96	DALI	IMORE		
Ba	permit. Page Department of Important: If any Injury or once.		1 Henry		X	On-	1					E, INC.	ORE.	MD 2	1229	
			23a. Part 1. Enter the disease, of shock, or heart feiture. Lis	r complication	s that cause	d the coeth									Approxi	imete
V	Physician		anock, of rieal (leiture. Lis	only one cau	30 011 00GT II	ille.	-							1	Onset e	Between and Deeth
2	/Medical		Immediete Ceuse (Final diseese or condition		ACI	,6	A	2-6	7/	000	1,0	- 00		1	24	hre
	Examiner		resulting in deeth)	a	// ()	Due to (or	es e conser	nuence c	nf)·	Occ	08	707.			(X/_	//10
_		Je.			myo	C 00 00	Piel	17	- Por	occ,	21				3/2	has
	eath certificete be executed ettending physician end for use as the buriel-transit	Examiner	Sequentielly list conditions.	b/	1.90	Due to (or	es e consec	quence o	17.						Cle	1113
oʻ	an e		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Hups	exten	Sion							i		
68760,	ate b nysic	Medical	thet initieted events resulting in deeth) Lest	С	1.//-	Due to (or	es e conseq	quence o	f):					1		
9 ×	ng pl	Mec	, , , , , , , , , , , , , , , , , , , ,											1		
Bô	th ce lendi	an		d										1		
	0 0 2	sici	Pert II. Other significant conditi	ons contributir	ng to death b	out not resul	ting in the u	inderlying	g cause gi	ven in Pert I.		23b. Dfd 1	obacco u	se contribute	to the cau	ae of death?
, P.O	requires thet the de een signed by the hould be deteched	y Physician/										10	Yes 2	No 3□P	robably 4	4 Unknown
of Vital Records,	uires sigr	d by										24e. Wes	en eutons	y 24b.	Were autor	osy findings
00		Completed											rmed?		evelieble pr completion	rior to
Rec	hes hes	dm											1.4	/	of death?	
e	cate he											101	/es 2	No	1 Yes	2□ No
Z.	Physician: The this certificate ral director, peg	Be	25. Wes case referred to medical exeminer?		1. 1.0				100		of Deet	h (Check only o	ne)			
of	5 00	2	1 Yes 2 No	Hospite	1 20 Inpatie		R/Outpatier		DOA			me 5 Resid			cify)	
2	After funen	on	27. Menner of Deeth 1 Neturel 5 □ Pendi	ng	. Dete of Inju (Month, De		28b. Time of Injury		28c. fnju Wo			28d. Describe I	now Injury	occurred		
Division	Attending or death. octor: After by the fune	Certification:	2 Accident invest	igation not be				М	1	Yes 2□N	-					
\leq	or Attender deatlefter deatlerctor:	E	4 Homicide	nined 28e	 Place of Inj building, et 	jury - At hor c. (Specify)		reet, fect	ory, office			28f. Location (5 City or Tox		Number or Ru	ırai Route f	Vumber,
	urs e	- 1														
	To the Mospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completaly filled in by the funeral	edicai	(Check only 2 Medical	Examiner: Or	n the besis of	f examinetic	ledge, deeth on end/or in	h occurre vestigetk	ed et the ti	me, dete end opinion, deet	d plece, h occurr	end due to the red et the time,	ceuse(s) e dete end p	nd manner es plece, end due	steted.	se(s)
	To the I within 2 To the I complet	Med	one)	en en	nd manner st	eted.										
	o V vit		29b. Signeture and little of ceodile			. /	0			se number			_	signed (Monti		
	1		1/2 0	renec	m	D 10	esides	14	d	05-5			m	my 2;	2 19	96
			30. Neme end eddress of person	who complete			23e) (Type,	Print)	0	1 .1			1	10 91	o Cat	on au
	4		14.		ruon	2	MA		17	- H	ne	o Ha	spete	el B	ett. 7	11.2128
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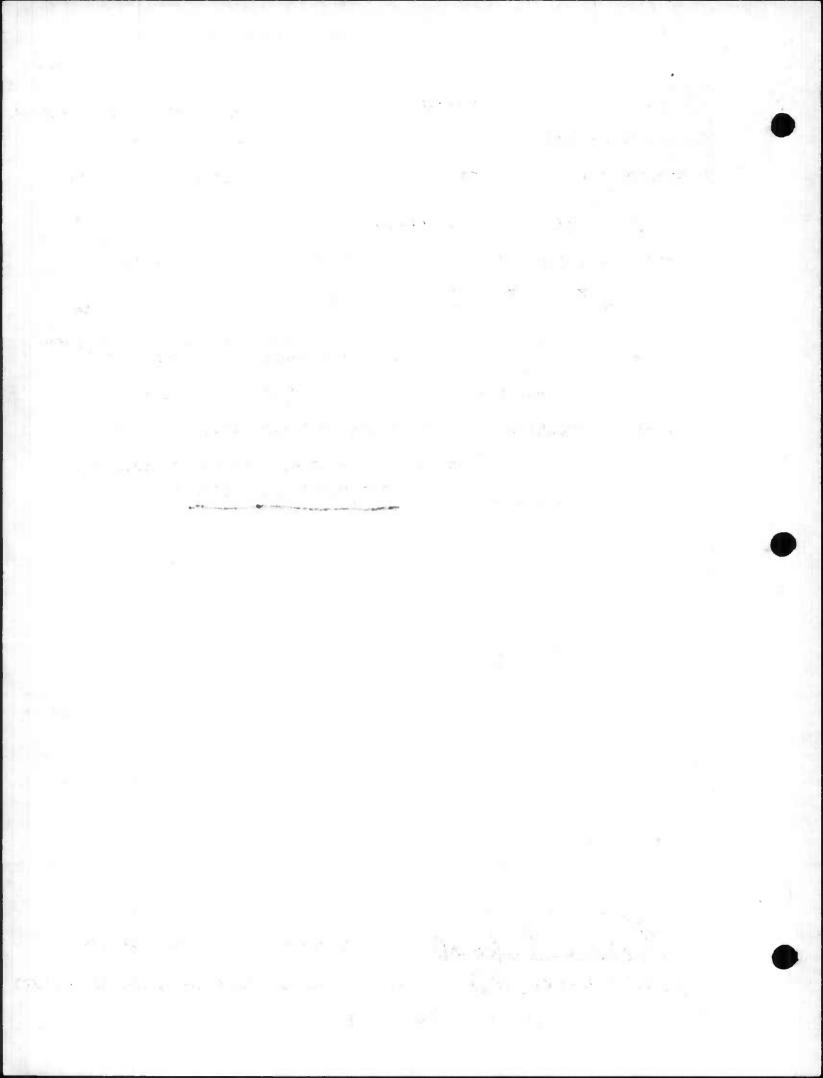
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State of Maryland / Department of Health a	and Mental Hygiene 96 1583	phy in
5/30/96ag perFH Certificate of Death	Per No	d

Dhysia	ion	1. Decedant's Nama (First, Middla,					2. Deta of De Month	eath Dey	Yaar	3. Time of Death
Physic /Medi		LORNE	FRANK	TON			MAY	-	L996	5:19
Exami		4e. Fecility Neme (If not institution, § ST, AGNES HOS				4b. City, Town, o	r Location of Deel	th 4c. Coun	ty of Deeth	
Funeral		Social Security Number 6	. Sex 7. Age (In yrs	. last birthday)	If Under 1 Yeer Months Days			rth	9. Birthp	pieca (State or Foreign
Director	п	217-12-7290	20M 20F 71	Yrs.	Months Days	HOUIS MII	6-18-		Cour	Md.
3		Usuei Rasidence of Decedant 10a. Stata 10b. County	10c C	ity, Town or Lo	ocation					0d. Inside City Limits
e po	ក									1 Yas 2 No
288-1	Director	Md N/	A Ba	ltimo:	10f. Zip Coda			10g. Citizan of	f Minor Cour	
10 an					- 0.					iu y r
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a la	te d	15. Decedant's	Education	16a. Deced	dant's Usual Occu	pation		16b. Kind of I		
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	2	John E.	Frankton			Myrt	le May	Russe	1	
em 27 is marks other treumatic		19e. Intormant's Name/Ralationship	(Type, Print)	19b. Mailir	ng Addrass (Stree	t and Number or I	Rural Routa Numb	ber, City or Town	n, Stete, Zip	Code)
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ortant: Injury		4 □ Donation 5 □ Othar (Spa-	cify) Go	od Sh	epherd	Cem. 5	-29-96	Balt	o., I	Md.
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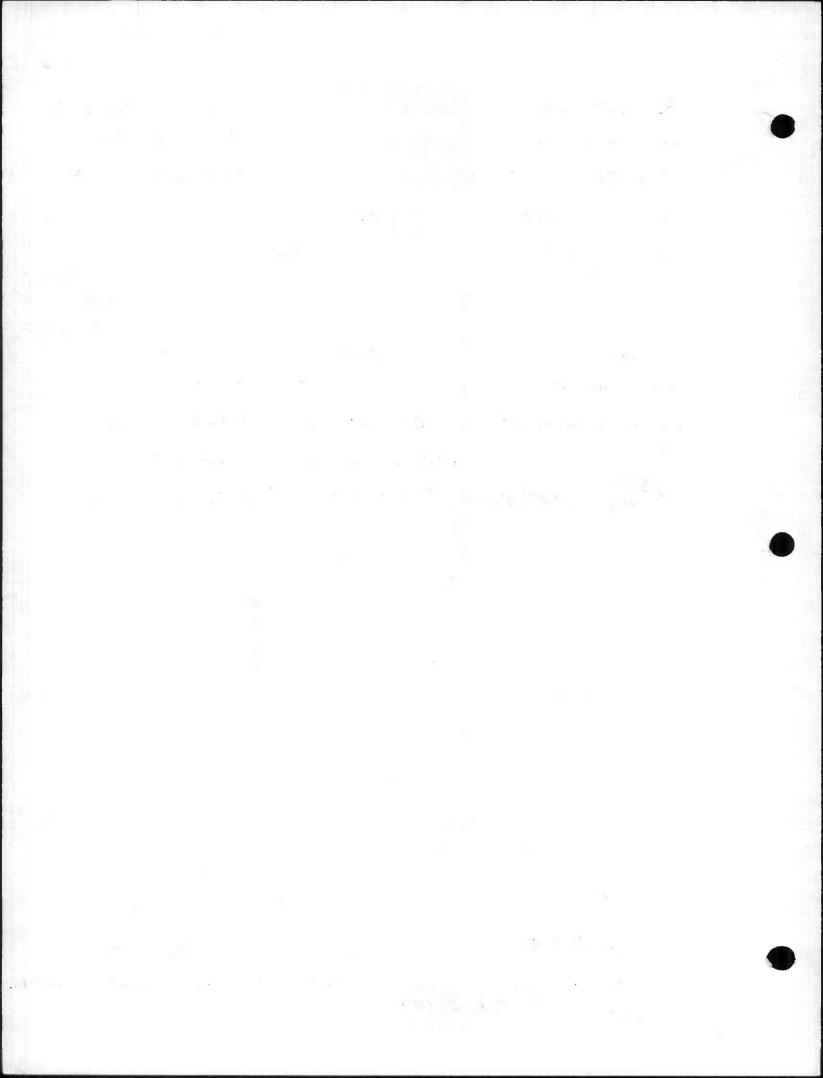
J. A. ROW & C. M. Maristre 31. Data tiled (Month, Day, Year) 32. Rapistre

MAY 2 9 1996



State of Maryland / Department of Health and Mental Hygiene 96

			12		Cer	tificate of	Death			Reg. No.			
Physic /Medi		1. Decedant's Nema (First, Middla, L. ELLENE MA	RIE G	LAZE				2	Dete of De Month	Day 26	1996	3. Tima of Death /300	
Exami		4a. Facility Nama (If not institution, git ST. AGNES HOSPIT		mber)			4b. City, To	wn, or Local BALTIM			ty of Deeth	RE CITY	
Funeral Director		219-30-5551	Sex 1□M 2只F	7. Age (In yrs. Ii 61	a <i>st birthdey)</i> Yrs.	If Under 1 Year Months Deys		24 Hrs. 8 Min.	Data of Bir (Month, Da IOV 8,	th Year) 1934	9. Birth	piace (State or Foreign (TV) (YLAND	
tha Maryland 28a-f show	or	Usuel Residence of Dacedant 10a. State 10b. County MARYLAND BALT	IMORE	10c. City	, Town or Loc							10d. Insida City Limits 1 ☐ Yas 2 ☐ No	
death with the Maryland me 23e or 28e-f show I must be notified at	i Direct	10e. Street and Number 132 A HAZEL AVENU	10f. Zip Coda	212	27		10g. Citizen of	Whet Cou	het Country?				
P 5 5	by Funeral Director	11. Maritel Stetus 1 Nevar Merried 2 Married 3 Widowed 4 Divorced	12. Was Dece Armed For 1 Yas If Yas, Giv	Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 월 No If Yas, Giva Yeer or Datas:				Hispanic Origin? (Specify Yes or No- ban, Maxican, Puerto Rican, atc.)				can Indian, atc.	
Paris Paris	Be Completed	15. Decedant's E (Specify only highest gr Elementary/Secondary (0-12) 1 2 TH GRADE	ada complated)	16a. Decedant's Usual Oc			pation during mos ed)	t of working		16b. Kind of Business/Industry HOMEMAKING		dustry	
be file d oth	To Be C	17. Fathar's Name (First, Middla, Last HENRY C. SPARROW	")				B. Mothar's Nama <i>(First, Middla, Maiden Surn</i> a RMA MAE VOLKERT				ma)		
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Baltin permit. Pa Departmen Important sany injury		21. Signature of Funerel Service Lice	RK	lug	HU 41	Nama end Addr BBARD FU 07 WILKI	JNERAL ENS AV	HOME ENUE-	BALTIN	MORE, M	D 2	1229	
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OI VILA Physician: this cartific ral director,	ToB	axaminer? 1 ☐ Yas 2 ☐ No	Hospital:	npatiant 2 E	ER/Outpatlent	3□ DOA O	hor			dance 6 🗆 O	thar (Specia	(v)	
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F 3 6 8	<	29b. Signeture and title of certifier Mail Mai	edilek.				\$217.			MAY 21	ed (Month,	Day, Year)	
6			ADITOR		ST. Mb		PITAL	- 900	CATO	N AVENU	E-BAL	TO., MD212	
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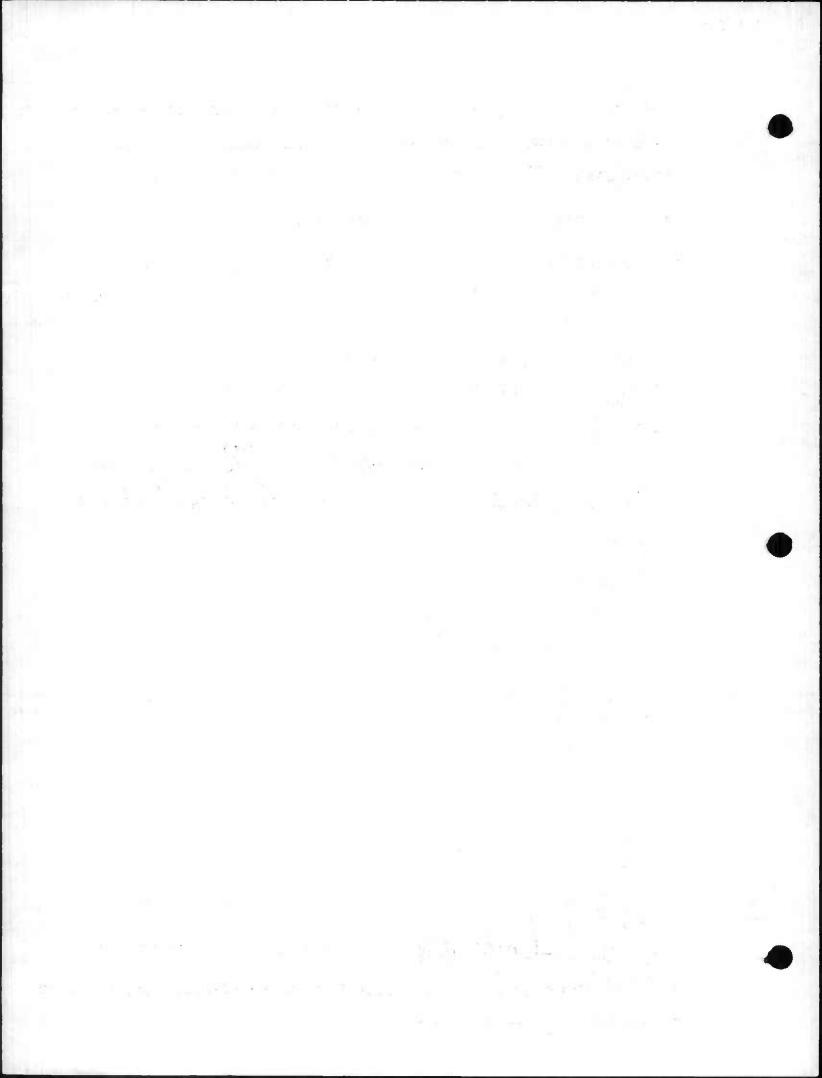


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		Decedent's Neme (First, Middle	, Last)			tificate o		2. Data of D			3. Time of Death
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/Medical Examiner	_	4a. Facility Nama (If not institution					4b. City, Town, or			ty of Death	
Examino		1600 BLOCK E	EAST CHAS	SE STE	REET		BALTIM	ORE	1	V/A	
Funeral		5. Social Security Number	6. Sex 7	. Aga (In yrs.	last birthdey)	If Under 1 Yea	ar If Undar 24 Hr	s. 8. Data of Bi			nplaca (Stata or Foraign untry)
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or 28a-f show	5	MD N/A				BALTI	OMRE				XXYas 2□No
or 28a-f s be notified Director	3	10a. Street and Number				10f. Zlp Code			10g. Citizan of	What Co	untry?
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or Items 23s		11. Maritel Stetus	12. Wes Deced Armed Ford	ent Ever in U	,S. 13. \	Ves Decedent of Yes, specify Co	f Hispenic Orlgin? (uban, Mexican, Pua	Specify Yes or N rto Rican, atc.)			ican indlen,
al', or items 23e or 28e-f sho Examiner must be notified at by Funeral Director	2	1 M Nevar Married 2 Marri 3 Widowed 4 Divorced		⋈ No		□Yas 2Ã N		, , , , , ,	Spec		LACK
Department of Health and Montal Hygiene. Department of Health and Montal Hygiene. Important: if Item 27 is marked other than "natural", any injury or other traumatic event, the Medical Exa office. To Be Completed by	200	15. Decedant (Specify only highas	s Education t grada completed)		(Giva	ant's Usual Occ	e during most of we	orkina	18b. Kind of	Businass/I	ndustry
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trau	- 1	WILMA BROWN	inp (1900, Frink)				et and Number or F				ip Code)
other other	- 1-	20a. Mathod of Disposition	-	20b. P	lace of Dispo	sition (Nama of	L AVE B	ALTO, P	20c. Location		Town, Steta
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Departr Importr any inj		> Yatracia	Bella				CAROLIN:		JNERAL ALTO, N		
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Registrar		MAY 29 1996		on-Hand							



State of Maryland / Department of Health and Mental Hygiene 96

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				Certificate	of Death	R	leg. No.		
a	1. Decedent's Neme (First, Middle					2. Dele of Dee	th		. Time of Death
Physician /Medical	James	5 L. H	awkin	5		Month 05	Day Y	Yeer 96	11 12 am
Examiner	4a. Facility Name (If not institution				- 11	Location of Deeth	4c. County	of Deeth	,
	Baltimore	VA med	1291	Center	Balhi	nore	B	al 6mo	re city
Funeral Director	5. Social Sacurity Number	6. Sex 7. A	ge (In yrs. lest birt	ndey) If Undar 1 Months E	faar If Undar 24 Hrs leys Hours Min		Year 21	9. Birthplace	(State or Foreign
3	Usuei Residence of Decedent 10e. Stete 10b. County		10c. City, Town	or Location				404	laatda Cibr I imita
sho r		4							Insida City Limits
be notified Director	MD 10e. Streat end Number	N/A	BAL	IMORE	ac a		10.00		
DIC D	201 M MEGATION	V 000 4 700		10f. Zip Co		1		Whet Country?	
a la	301 McMECHEN		309		.217		US		. 41
exical Examiner must be notified at leted by Funeral Director	3 ☐ Widowed 4 ☐ Divorcad	12. Was Deceden Armed Forcas ied 1 2 Yas 2 If Yes, Give Yaar or Dates	No	If Yes, specify	t of Hispanic Origin? (: Cuban, Maxican, Pual No <i>Specify:</i>	to Rican, etc.)		ce - Amarican I ck, Whita, atc. by: BLK.	ndian,
r, the Medical	15. Decedent	t's Education	16e.	Decedent's Usuei C	ccupation	4.5	16b. Kind of B	usiness/Indust	ry
	(Specify only highes Elementary/Secondery (0-12)	Coilege (1-4or	5+)	life. DO NOT use i	fone during most of wo etired)	orking	770.0		
4 2	8	-0-		CLERK			FOC	ענ	
marked other than imatic event, tre M To Be Comp	17. Fether's Neme (First, Middla, I	Last)			18. Mothar's Na	ma (First, Middle,	Meiden Sumen	ne)	
To	JOHN W.	OWENS			ROSI	E	HAW	VKINS	
шпе	19e. Informent's Neme/Reletions	hip (Type, Print)	vife) 19b.	Meiling Address (S	treet and Number or R	ural Route Number	r, City or Town,	, State, Zip Coo	de)
15	ELIZABETH OWE			1 McMEC	HEN CT	BALTIO.	MD 2	1117	
듐	20e. Method of Disposition		20b. Pieca of	Disposition (Name c, cremetory or othe	of r place)	Dete	20c. Location	21217 - City or Town,	Stete
any injury or othe	1 N Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp			ON FORE		5/30/96	OWING	S MII	TC MD
- L	21. Signature of Funerel Service L		OTTICLE			PHILLIP			
eny ir	184	1-	707 // 00	1721-2	7 N. MON				
	23a Part I Enter the disease or		FSP#28]	-					
	23a. Pert1. Enter tha disaase, or shock, or heart feilure. List of	only one ceuse on each	line.	or enter the mode o	dying, such es caldia	c or respiretory err	est,	Inte	proximete arval Between set end Death
ical	Immediate Cause (Final		1.	- /					331 0110 50411
ner	disaase or condition resulting in deeth)	ө	Hypox Due to (or es e o	19 /	EMD				
L 1			Due to (or es e c	onsequence of):	7	7		İ	
Examiner		b	POSSIS	le pu	EMD (monary	64201	us		
Xar	Sequentielly list conditions, if eny, leeding to immediate		Due to (or es e c	onsequence of):	(
	Cause (Diseesa or Injury	c							
s es the bural-transit	thet initiated events resulting in death) Last		Dua to (or as a co	onsequence of):					
5		d						i	
etached for use									
be detached by Physic	Pert II. Other significant condition	ns contributing to death	but not resulting in	the underlying caus	e given in Pert I.	23b. Did to	obacco use co	ontribute to the	cause of death?
Ph		auct sia	Giam	colect	onl	1 □ Y	es 2 No	3 Probabl	y 4 Unknow
2		1 3)	.,	colect				T	
should	107	Color	Car	cec		24e. Wes e perfor		aveilab	autopsy findings pla prior to
W O							1	of deet	etion of cause th?
Com						1 🗆 Y	as 2 No	1 ☐ Ye	s 2 No
director, pag	25. Wes case referred to medical				28. Place of De	eth (Check only or	ne)		
e o	examiner? 1 Yes 2 No	Hospitel:	ient 2 ER/Out	patient 3 DOA	Other: 4 Nursing	Homa 5 ☐ Rasida	ance 8 Oth	ner (Specify)	
	27. Menner of Death	28e. Dete of inj	ury 28b. T	me of 28c.	Injury at Work?	28d. Describe h	ow Injury occur	rred	
76	1 SNeturel 5 ☐ Pending		sy roar/	M	1 Yes 2 No				
78	2 ☐ Accident invastig	ot be go Dioco of Ir	jury - At home, fer	m, street, fectory, or	fice	28f. Location (S	treet end Numl	ber or Rural Ro	oute Number,
700	3 Suicide 6 Could n	ned Zoe. Clede of It	tc. (Specity)			City or Town	n, Stete)		
76	3 ☐ Suicide 6 ☐ Could n	building, e							
led in by the funeral Certification:	3 Suicide 6 Could n determi	building, e		deeth occurred et t	he time, date end plec	e, and due to the c	ause(s) end m	enner es state	d.
etery filled in by the funeral dical Certification: 1	3 Suicide 6 Could n determi	g Physician: To the besis and menners	of my knowledge, of examinetion end	deeth occurred et t	he time, date end plec my opinion, deeth occ	e, and due to the curred et the time, d	ause(s) end mo late and piace,	enner es stated end due to the	d. ceuse(s)
elety filled in by the funeral dical Certification: 1	3 Suicide 6 Could n determi 4 Homicide 29a. Certifier Check only 2 Medical E	g Physician: To the best Examiner: On the basis and menner s	of my knowledge, of examinetion end	or Investigation, In	he time, date end plec my opinion, deeth occ cense number	urred et the time, d	late and piace,	enner es stated end due to the	ceuse(s)
npietery filled in by the funeral	3 Suicide 6 Could n determi	g Physician: To the best Examiner: On the basis and menner s	of my knowledge, of examinetion end	or Investigation, In	my opinion, deeth occ	urred et the time, d	late and piace,	end due to the	ceuse(s)
etery filled in by the funeral	3 Suicide 6 Could n determi	g Physician: To the best Examiner: On the basis and menner s	of my knowledge, of examinetion end leted.	/or Investigation, In	my opinion, deeth occ cense number	2	late and place,	end due to the	ceuse(s)
elety Illied in by the funeral	3 Suicide 6 Could n determi	g Physician: To the best Examiner: On the basis and menner s	of my knowledge, of examinetion end leted.	/or Investigation, In	my opinion, deeth occ	2	late and place,	end due to the	ceuse(s)

DHMH 16 Rev 6/95

The state of the s

THE MOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within as frouts after death. Page 6 may be retained by the hospital or attending physician.

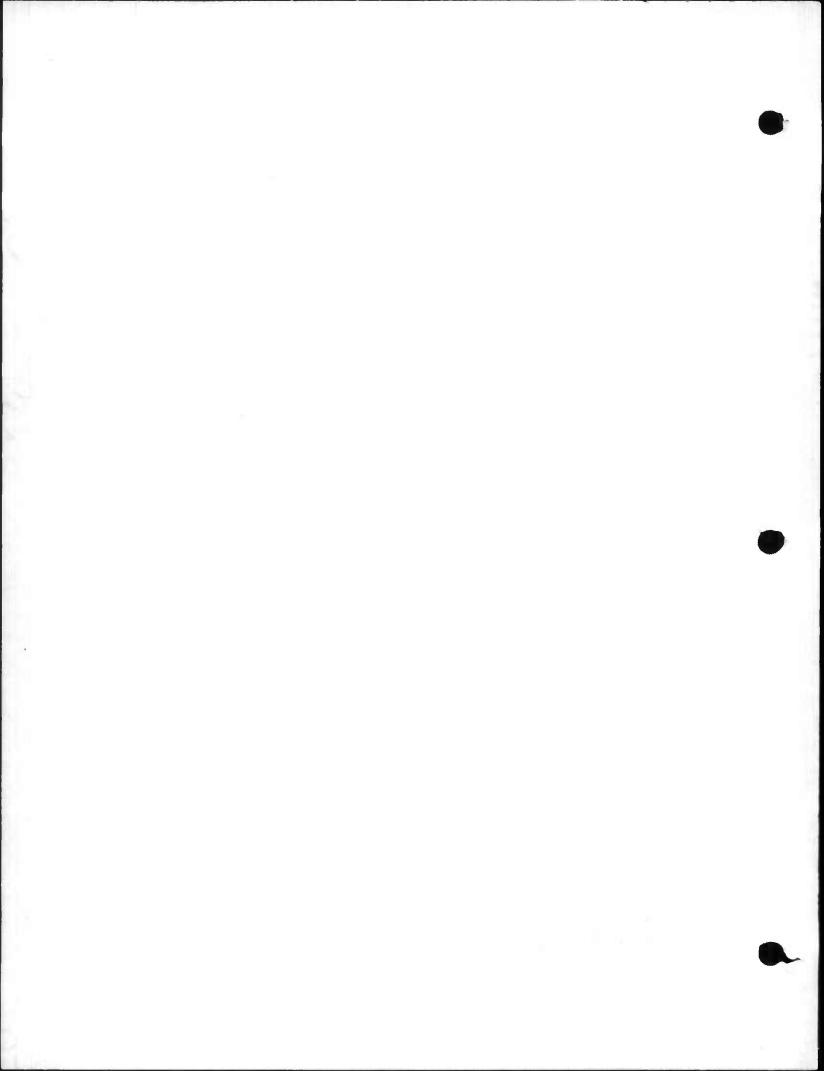
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make a filled to the state bept. or Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. daltimore, Maryland 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE PEGISTRAD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		C	ERTIF	ICATE OI	DEATH	F	REG. NO.			
8	1. DECEDENT'S NAME (First, Middle, Last)		. 1	-			2. DATE OF			3. TIME OF DEATH	
1 8	WILLIE	HARRIS	SON				MONTH	- DAY	YEAR 96	8:15 AM M	
1 8	4. SOCIAL SECURITY NUMBER		AGE (In yrs. la	at hirthrims	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	23		0.	
1 8		.0		YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	w. Year)	Countr	PLACE (State or Foreign	
	246-18-1771		77	THS.			JAN 2	3, 19	19	NC	
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY C								COUNTY OF D	EATH	
DIRECTOR	RUXTON NURSING HOME BALTO N/A										
15	RESIDENCE OF DECEDENT										
1 12	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY	
5	MD N/	'A			BALT	.0.				LIMITS?	
1	10e. STREET AND NUMBER				1	DI. ZIP CODE		100	CITIZEN OF Y	/HAT COUNTRY?	
B	1604 BOND ST					2121	3	,,,,,	US		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	2000 00 00 00								
F	1 Never Married 2 Married	FORCES? 1	YES 2	NO	13. WAS DE	CENDENT OF HISPA pecify Cuban, Mexico	NIC ORIGIN? (S In, Puerto Rica	pecify Yes or No n, etc.)	- 14. RACE Black	- American Indian, White, etc.	
B≼	3 Widowed 4 Divorced	IF YES, GIYE WAR	OR DATES		1 🗆 YE	S 2 NO Specif	y:		Speci	y: BLACK	
		1							1		
TED	15. DECEDENT'S EDU (Specify only highest grade		16a, Dt	ECEDENT'S Sive kind of v	USUAL OCCUPAT work done during n in retired.)	ION lost of working	16b. KIN	D OF BUSINESS	S/INDUSTRY		
1 11 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	III	. Do NOT us	e retired.)						
P P	10th	N/A	IS	EEL	WORKE	?	SI	EEL C	0	256.3	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	100000				18. MOTHER'S NA	ME (First, Middl	le, Malden Sumar	ne)		
Ш	BOWLEY HARRIS					MARY	LEWIS	3			
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rural			Tin Codes		
일		T				ID ST BA					
	HATTIE HARRISON		1				ALTU,				
	20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Rem	oval from State	20b, PLACE cemetery, cre		OF DISPOSITION (A	lama of	MAY	20c. LOCATIO	N — City or To	wn, State	
1	4 Donation 5 Other (Specify)		BALTI				29 C	6 B	ALTO.	MD	
	21. SIGNATURE OF FUMERAL SERVICE LI	CENSEE			22. NAME	ND ADDRESS OF FA	CILITY				
1 1	> Yale	(Boll)	7	-			BEI		NERL		
	1 april car	THU								MD 21213	
	23. PART i. Enter the diseases, or shock, or heert failure.	Diffications that co	aused the de	eath. Do n	ot enter the m	ode of dying, aud	h as cerdiec	or reapiretory	arrest,	Approximate	
	MANAGOVATE CANOC (CI)					1				Onset and Death	
	disease or condition	a. DUE TO (OF	2011	1/0	MA	101	DI	ON		140	
	resulting in death)	a. DUE TO (OF	AS A CONSE	OLIENCE OF	n.	-/				//	
		552 10 (5.	THO H GOINGE	GOENOE OF	<i>J.</i>						
CERTIFICATION	Sequentially list conditions,	b									
E	if any, leading to immediate cause. Enter UNDERLYING	DOE 10 (OF	R AS A CONSE	QUENCE OF	.):						
5	CAUSE (Disease or injury	C									
별	that initiated events	DUE TO (OF	R AS A CONSE	OUENCE OF	T):						
H	resulting in death) LAST	d									
	DATE II ON 11 10										
DICAL	PART II. Other significant condition	a contributing to de	ath but not	resuiting i	n the underlyi	ng cause given in	Part I. 24s	. WAS AN AUTOF	PSY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
일							110	YES 2 WA	,	COMPLETION DF CAUSE	
			-				_ ''	120 190		OF DEATH?	
: ME	DID TORACCO LISE CONT	DIDLITE TO CALL	E OF DE A	TU V	c \Box NO \Box	T UNICEDATE	I lor			1 YES 2 NO	
PHYSICIAN	DID TOBACCO USE CONT	KIBUTE TO CAUS					N KI				
ठ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT	H (Check only one OTHER:)					
ङ	1 TYES 2 NO	1 Inpetient 2 I El	R/Outpetient 3	□ DDA		me 5 🗆 Residence	6 Other (Sp	ecify)			
美	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,		28b. TIMI		JURY AT	28d. DESCRI	BE HOW INJURY	OCCURED		
	1 Neural 5 Pending	(WORRI, Day,	төшгү	INJ		ORK? YES 2 NO					
BY	a Destruction	28e. PLACE OF IN	NJURY At he	ome ferm a			285 LOCATIO	N (Street and Nu	mbar as Swart G		
	- o Codio not be	building, atc.	. (Specify)		, 1001019, 0111		City or To	wn, State)	nuer or nural n	oute number,	
8	4 Homicide determined						<u> </u>				
ETED								COT TO	V-55		
PLETEC	29a. CERTIFIER (Check only	CIAN: To the best of my	knowledge, de	ath occurre	d at the time, dat	e and place, end due	to the cause(a) and menner as	stated.		
OMPLETEC	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my								and menner as stated.	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	R: On the basis of exam				death occured at the	time, date and	place, end due	to the couse(a)		
BE COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	R: On the basis of exam				29c, LICENSE NUI	time, date and	place, end due	to the couse(a)	(Month, Day, Year)	
BE COMPLET	29a. CERTIFIER (Check only one) 2 CERTIFYING PHYSI 2 MEDICAL EXAMINE 29b. SIGNATURE AND DILE OF CERTIFIED	R: On the basis of exam	Ination and/or	Investigation	n, in my opinion,	29c, LICENSE NUI	time, date and	place, end due	to the couse(a)		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CR: On the basis of exam	Ination and/or	Investigation	n, in my opinion,	29c, LICENSE NUI	time, date and	place, end due	DATE SIGNED	(Month, Dey, Year) 23-96	
BE COMPLET	29a. CERTIFIER (Check only one) 2 CERTIFYING PHYSI 2 MEDICAL EXAMINE 29b. SIGNATURE AND DILE OF CERTIFIED	R: On the basis of exam	Ination and/or	Investigation	n, in my opinion,	29c, LICENSE NUI	time, date and	place, end due	DATE SIGNED	(Month, Dey, Year) 23-96	
BE COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND DELECTION WHEN A. H. CHILAD	CR: On the basis of exam	OF DEATH (ITE	Investigation	n, in my opinion,	29c, LICENSE NUI	time, date and	place, end due	DATE SIGNED		
BE COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND DILE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHAT A. H. CHILAD	O COMPLETED CAUSE O	OF DEATH (ITE	Investigation	n, in my opinion,	29c, LICENSE NUI	time, date and	place, end due	DATE SIGNED	(Month, Dey, Year) 23-96	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

15843

								Cei	Tificate c)T I	Death			Reg. N	No.		
Physic	ian	1. Decedent'e Nan	ne (First, Midd	lle. Last)									2. Dete of E	Г	Dey	Year	3. Time of Death
/Medi		NANN	IIE 5.	HUP	P								Month –	25	-19	996	6:13 am
Exami		4a. Fecility Neme					ELD	ERCA	RE	4	b. City, To		LE	-	BAL!		
Funeral Director		5. Sociel Security 1		6. Sex 1 □ M	2 X F		(In yrs. last 95	birthdey) Yrs.	If Under 1 Ye Months De		If Under Hours	24 Hrs. Min.	8. Dete of E (Month, I 7 – 8 –	lirth Day, Yea	10	9. Birth Cou VIR	npleca (Stete or Foreig untry) CGINIA
В ,		Usuel Residence of 10e. Stete	T				10- Oir T	Contractive of									
with the Meryland a or 28a-f show	5	MD.	10b. County	, TIMO	DE		10c. City, T	KVII									10d. Inside City Limit
the A	ect.	10e. Street end Nu		TIMO	KE		FAR	VAIT	10f. Zip Cod	_	_			100.0	Citizen of 1	Affrot Co.	
23a or	Funeral Director	8710 E		D.					2123					_	S.A.		may r
items 23	nera	11. Meritel Stetus		12.	Wes Dec	edent Ev	ver in U,S.	13. \	Ves Decedent of Yes, specify C	of H	ispenic Ori	gin? (Spi	ecify Yes or h	10-			rican Indien,
or its	by	1 ☐ Never Mar 3 Widowed			Armed For 1 Yes If Yes, Gir Yeer or D	2 No		1	Yes, specify C		Specify:	n, Puerto	Rican, etc.)		Specify	ck, White	o, etc. HTE
72 hours "natural",	Completed	/Sne	15. Deceder	nt's Educat	lon		1	8a. Deced	lent's Usuel Oc	cup	etion	e of work	ina	16b.	Kind of B	usiness/l	ndustry
within 7 ene. then "r	nple	Eiementary/Sec		IST Grade C	College (kind of work do OO NOT use ret	irea))	t or work	ing				
ygien ygien ft, th	Cou	6YRS.						HOUS	EWIFE					1000	MEMA		!
d 2 should be flied within 72 ho th end Mental Hygiene. 7 Is marked other than "natur traumatic event, the Medical	To Be	17. Fether's Neme	,	,									TH HC			ne)	
		19e. informant's N ALLEN			Print)				g Address (Stre								
Health am 27 ather tr		20e. Method of Dis		10 E					sition (Neme of		K DI	1 V D •	Dete				Town, Stete
nt of nt of or or or or or or or or or or or or or		1 Buriel 2	☐ Cremetion		ovel from	Stete	cem	etery, cren	netory or other p	olec		DV					CO., VA.
permit. Pages 1 end Depertment of Health Important: If item 27 any injury or other tr once.		4 ☐ Donetion 21. Signeture of E					ONI		. Neme end Ad				3/20/	30	IIAD.	II. WV	. CO., VA.
Depe Impo			111	1 1	1.	1-1-			ENRY V				S & S	ONS	CO.	•	
		23a. Pert1. Enter	Wenn.	K, F	ML	5/11	ha death I	20 001 001	1905 Y	OF	K RI) . B	ALTO.	MD). 2	1212	Approximete
certificate be executed nding physician and use es the burlel-transit	cal Examiner	Sequentially list or if any, leading to in cause. Enter Und Ceuse (Disease or that initiated event	onditions, mmediete erlying r Injury	b		Du	ue to (or es	e conseq									
certificet nding phy use es th	n/Medical	resulting in deeth)	Lest	L _{d.} _			de to (or es	e consequ	dence ory.							i	
death cert e ettendin d for use	icia	Pert il. Other signi	ficant condition	nne contrib	uting to de	eath but	not recultin	a In the ur	darhilna nauca	minu	on in Part I		22h Di	d tobaco	20 1100 00	ntelluda	to the cause of death
ires thet the death signed by the ette d be deteched for	Physicia		•	-						give	en in Perti				2 No	3 □ Pro	
s the	by P	u	spen	Ma	e pr	leu	ww	m									70000
nbeu /	Completed												24a. We	s en eul formed?	topsy	0	Vere eutopsy findings weilable prior to completion of cause of deeth?
The law	mo												1] Yes	2000		☐ Yes 2☐ No
	BeC	25. Was case refe	rred to medica	1							26. Place	of Deetl	h (Check only				2.00
Physician: this certific	To	examiner? 1 ☐ Yes 2	(No	Hos	oitel:	Inpatient	2□ER	Outpatien	3□ DOA	Oth					6 □Oth	ner (Spec	sify)
									Ing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred								
or Att	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 ☐ Could determ		28e. Placa buildi	of injury	y - At home (Specify)	, ferm, stre	eet, fectory, office	ce			28f. Location City or T	(Street own, Ste	end Numb	ber or Ru	ral Route Number,
To the Household	Medical C	29e. Certifier (Check only one)	1 Certifyir 2 Medicai	ng Physicie Examiner:	an: To the On the ba	asis of ex	xamination	dge, deeth end/or Inv	occurred et the estigetion, in m	tim y op	e, dete en pinion, dee	d plece, th occurr	and due to the	e cause e, dete e	(s) and me and plece,	enner as end due	steted. to the ceuse(s)
comp	ž	29b. Signeture end	d title of certifie	r					29c. Lice	ense	number						, Day, Year)
5			1cria		mul	u.	lu.	MD	Octoo)	D	210	22			5-2	85	1
		30. Neme and edds MARION								рT). BA	ייי. ד	.,MD.				
Sta	ate	31. Dete filed (Mor		2,101(32 R	egistrer's	s Signeture			e (L	, • Dr		• /110 •				
Regist		M	AY 29	1996	gu	a Dai	ridson-	Pandel	2								

V 2* IN 16 IND AGREE STREETS IN SECTOR FOR IT.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a recommendation of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENI REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last)	. /				2. DATE OF DEATH MONTH DA	Y YEAI	3. TIME OF DEATH
	NOLA	HOWE				5 20	96	1 30 A M
	4. SOCIAL SECURITY NUMBER 408-03-2880	5. SEX 6. AGE (h	n yrs. last birthday) _	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-02-1915	8. Bill	RTHPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s	,	OUTHS.	Ob CITY TOWAL	PR LOCATION OF DEA		9c. COUNTY O	rth Carolina
œ	Mariner Health Ca		r Laurel	Laure		SIN .		ce George's
6	RESIDENCE OF DECEDENT						11111	
2	10a. STATE 10b. COUNTY	v ice George's		, town or locat Laurel	ION			10d. INSIDE CITY LIMITS?
١٦	10e, STREET AND NUMBER	ce deorge s			. ZIP CODE		10a. CITIZEN O	1 1 YES 2 □ NO OF WHAT COUNTRY?
ERA	7902 Crows Nest C	ourt		100	207	07		d States
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPANI	C ORIGIN? (Specify Yee	or No- 14. R	ACE Americen Indien, lisck, White, etc.
ВУ Б	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:			pocity: White
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPATION	DN .	16b, KIND OF BUS	I INESS/INDUSTR	
E	(Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us	ork done during mo retired.)	st of working			
COMPLETED	10	Ø	Home	naker		Own H	lome	
00	17. FATHER'S NAME (First, Middle, Last) George W. Wilson					AE (First, Middle, Maiden	Surname)	
BE	19e. INFORMANT'S NAME (Type/Print)		Tanh MAII MIG	ADDRESS (Obj.)		le Lewis	0-1- T- 0-1-	
5	Pam Pangborn					Laurel, M		
	20a. METHOO OF DISPOSITION		PLACE OF DISPOS				CATION — City o	
	1 N Burial 2 ☐ Cremation 3 N Rem 4 ☐ Donation 6 ☐ Other (Specify)	Mc	other place) Dunt Mary	y Cemete	ry	Deer	field.	Virginia
	31, SIGNATURE OF FUNERIAL SERVICE LI	DENSES /	/		Fun or al	Home, Inc		
	1 all	Success	Def			ring Rd. L		MD 20707
	23. PARTA. Enter the diseeses, or ehock, or heert fellure.	complications that baused List only one cause on ea	the theath. Do n	ot enter the mo	de of dying, such	as cerdiac or reepi	ratory erreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Co	N					Onset and Death
	resulting in death)	a. CANDIAC	CONSEQUENCE OF					
z		a HYPERTEH	4 AVIZ	Ebnr	DICEASE			10425
ST.	Sequentielly list conditione, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				10 yrs
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. VIABETES	CONSEQUENCE OF	n.				10 yrs
CERTIFICATION	thet initieted events resulting in death) LAST	- CHADYIC	OBSTRU	CTIVE ?	Ormoh.	eld had	FAJE	10 472
	PART II. Other algnificent condition							24b. WERE AUTOPSY FINOINGS
PHYSICIAN: MEDICAL	•	- Control of the Court of	at not rounting i	in the didenty.	y couse given in	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED						1 YES 2	LNO	OF DEATH? 1 ☐ YES 2 🈿 NO
ž						_		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1		LACE OF OEATH (Che			
IXSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp		-	ne 6 🗆 Reeldence			
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	,
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY				26. LOCATION (Street	and Number or Ru	ıral Route Number,
Ī	4 Homicide datermined	building, etc. (Spec	ary)			City or Town, State)		
COMPLETED	(Critical Orley	SICIAN: To the best of my know	ledge, death occum	ed at the time, dat	and place, and due	to the cause(e) and me	nner se stated.	
8	one) 2 MEDICAL EXAMIN	ER: On the basic of examination	n end/or Investigation	n, in my opinion,	death occured at the	time, date end place, en	id due to the ceu	ise(e) end menner es stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIE	R	0		29c. LICENSE NUM		29d. DATE SIG	NED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	D - 52	340	- 3/2	-6196
	TOUR F. G	LANCY AR			ERLY C	T. SILVER	Spai	N6 Md 20905
	31. DATE FILED (Month, Day, Year)	232. FINGISTRAR'S SING	ATURE 02	,	2001 0		7 1 101	
	MAY 29 1996	1 maringary	المعالم					

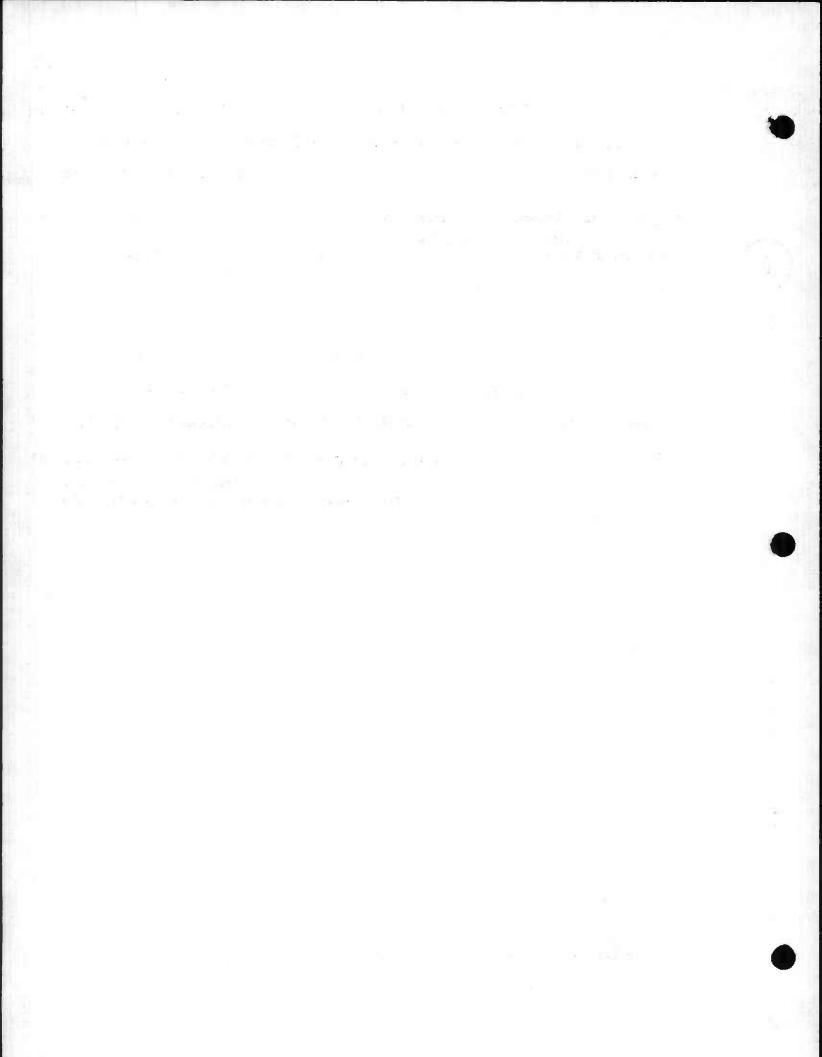
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State of Maryland / Department of Health and Mental Hygiene

15845

					Cei	rtificat	e of	Death			Reg. No.		
Physic /Med		Decedant's Name (First, Middle, I		de E.	Irw	in				2. Data of De Month May		Year 1996	3. Tima of Death 3:05 PM
Exam		4a. Facility Nama (If not institution, g	AND DESIRED TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE S		ada T					ocation of Deat			do1
Funera		Meridian Nurs: 5. Social Security Number 6. 212 48 2525		Aga (In yrs. las			1 Yaar Days	Balt:		8. Date of Bir (Month, Da May 19		9. Birth	olaca (Stata or Foreigr htty) 'Yland
Directo		Usual Residence of Decedent		90	110.					May 19	, 1906	Mar	yland
with the Maryland or 28a-f show be notified at	tor	10a. State 10b. County Maryland Anne A	rundel	10c. City, 1 Ba 1	Town or Lo							1	0d. Insida City Limits 1 ☐ Yes 2 ☑ No
100	Director	10e. Street and Number Mel	ridian Nur	sing Ho	ome	10f. Zip	Code	* ***			10g. Citizan of	What Cour	ntry?
en E		613 Hammonds La	-					21225			U.		
020 arr. or Herra Examiner.	by Funeral	11. Marital Status 1 XNever Married 2 Married 3 Widowed 4 □ Divorced	12. Was Deceder Armed Force: 1 Yas 20 If Yes, Give Yaar or Dates	s? X No		Was Dece f Yas, spe 1 □ Yas				ecify Yas or No Rican, etc.)	Special	ce - Americ ck, Whita, y: W	
5-002 72 hours natural.	pet	15. Decedent's	Educetion		16a. Deced	ient's Usu	al Occup	pation	nd out comple	ina	16b. Kind of E	usinass/in	dustry
2121 5 within piens. r than	Completed	(Specify only highast g Elementery/Secondary (0-12) 8th	Coilege (1-4o	r 5+)		ne Ma		during mos	St Of WORK	ing	Own Ho	ome	
and 2 tal Hygied d other event, 1	e	17. Father's Name (First, Middle, La						18. Moth	70 14		, Melden Sumer		
Marylar d 2 should but h and Menta 7 is marked treametic en	2	19a. Informant's Name/Relationship	Thomas Jo			a Autoria	/Chm -			ances	Shelha		0.40
		Edward J. Auer	(Type, Print)			_		Stree			imore,		and 21230
or Heat of Heat Hem 2		20a. Method of Disposition		cem	e of Dispo	sition (Ner	ne of	ce)	i	Date	20c. Location		
altimor nii. Pages sartment of i ortant: If its		1 XBurial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		a				meter	Y	5/23/96	Balti	more,	Maryland
Baltimore, permit. Pages 1 ar Department of Hea important: If Hem is any injury or other		21. Signature of Funeral Service Lic	ensee	ž	22	. Name ar	nd Addre	ss of Facili	ity	Gonce	Funeral	Home	P.A.
M ODERO		Garna M	France	oude					_		timore,	Md.	21225
Physician		23a. Part1. Enter the disaasa, or conshock, or heart failure. List of	n lications that ceus	ed tha daath. lina.	Do not ent	er the mod	de of dyli	ng, such as	cerdiac	or respiratory a	ırrest,		Approximate Interval Betwaen Onset and Daath
/Medical Examiner		immediate Causa (Final disaasa or condition resulting in deeth)	a	PM	eim	1011	2						5 degs
	ě	Control of the control		Due to (or a	s a consec	uence of):	4						56-
cuted	Examiner	Sequentially list conditions.	b	Due to (or a	s a consec	uence of):	3~					1	7/3
X 68760, certificate be assouted ding physician and se as the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	Dua to (or as	e coneac	uence of)							169
	Medical	resulting in death) Last	d	200 (0 (0 0	- u 00/130q	uonoc on,.							
Boath death	Iclar	Part II. Other significant conditions	contributing to death	but not resulting	ng in the u	nderlying o	euco oi	ven in Dert	1	23h Did	tobacco use or	ntribute t	o the cause of death?
Is, P.O. res that the de igned by the s	y Physician	0			_		_				Yes 2□No	3 □ Pro	- /
aw requii	Completed by	Appertensiu 1	Anal +	The lo	rdis	Van	cla	-Dis	tir.	24a. Was	an autopsy ormed?	av	ere autopsy findings allable prior to impletion of causa death?
The I	Com									10	Yas 25 No	1[Yes 2 No
of Vital I Physician: The rhis certificate and director, page	Be	25. Was cese referred to medical axaminer?	Hospital:				044		e of Deat	h (Check only	one)		
Of Physic rthis wai dir	. To	1 ☐ Yes 2 ☑ No 27. Manner of Death	1 ☐ Inpa 28a. Date of In	tient 2 EF	VOutpatien 3b. Time of		JA				idence 6 Ot how injury occu		(y)
VISION of Attending Part death. Cotor: After by the funer	atlor	1 DNeturel 5 ☐ Pending 2 ☐ Accident Invastigati	(Month, D	ley Year)	Injury	М	28c. Injui Woi 1 □	rk? Yes 2□			,.,,		
or Al	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not determine	d Zoe. Place of I	njury - At home etc. (Specify)	e, farm, str	eet, factor	y, office			28f. Location (City or To		ber or Run	al Route Number,
DIVI. To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Certifier (Check only one) 1 Certifying F 2 Medical Exe	Physician: To the besiminer: On the basis and manner:	of examination	odge, death and/or inv	occurred estigation	at the tir , in my c	me, date en opinion, das	nd place, ath occurr	end due to the ed at the tima,	cause(s) and m date and place	anner as s and due to	tated. the ceuse(s)
To the within To the complex	W	29b. Signature and title of certifiar	Wer	-) m	290		305	55		29d. Date signo	ZZ/	Dey, Year)
		30. Name and address of person who	completed cause of	death (Item 2:	3a) (Type,	Print) Fur		Ave		Ba the	no.	212.	30
	ate	31. Data filed (Month, Dey, Year)	a 32. Regis	trar's Signatur	а								
Regist	rar	MAY 2 9 1996	jusqua, do	on-Rand	w.								

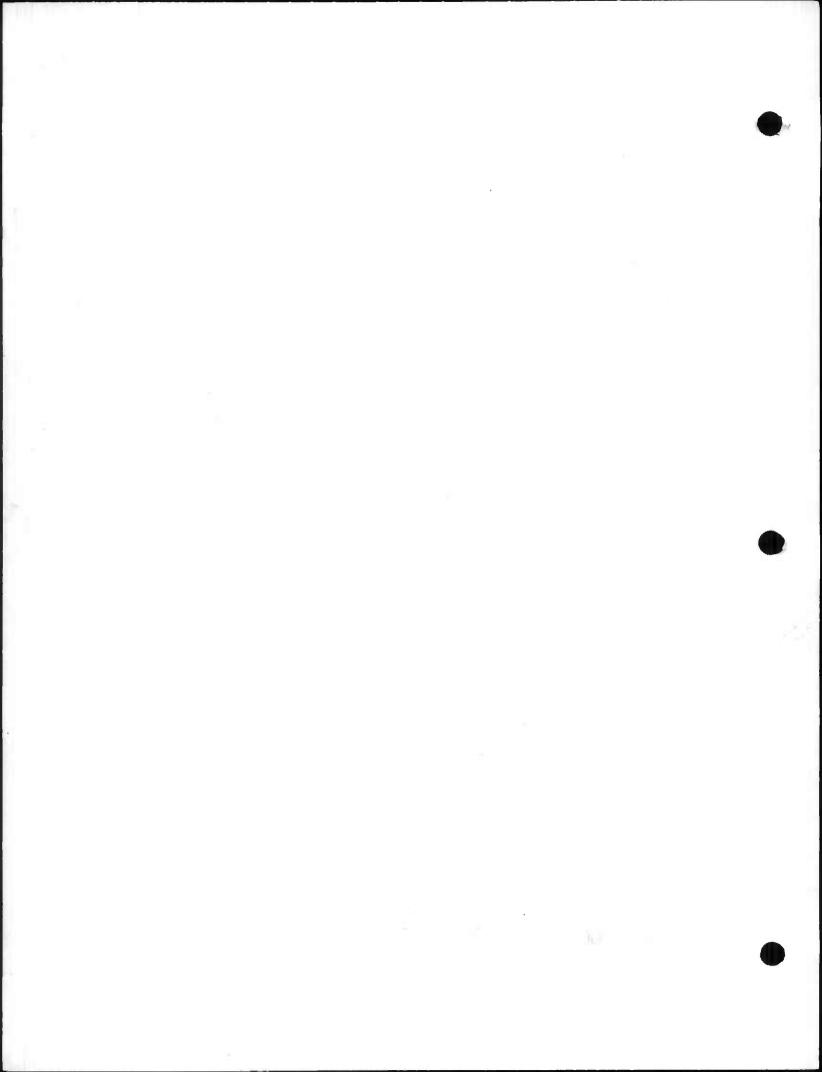


DIVISION OF VITAL RECORDS, P.O. BOX 68760 MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 2. TIME OF DEATH
		MANEY AND STATE OF DEATH
		3 0 7 16 1 00 P 1
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F
일		110 90 1130 1
3 should	Œ	1) FACILITY NAME (If not institution, give atreet end number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10 FACILITY NAME (If not institution, give atreet end number) 9c. COUNTY OF DEATH 10 FACILITY NAME (If not institution, give atreet end number) 9c. COUNTY OF DEATH
1, 2,	RECTOR	RESIDENCE OF DECEDENT DATE NA
Pages	🛍	10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION
~: &	□	MD NA BACTLMORE 1 WYES 2 NO
permit.	ERAL	10s. STREET AND NUMBER \(\) 10s. CITIZEN OF WHAT COUNTRY?
Si	5	1015 N. DENTALOU ST. 21216 USA
physician. burial-transit	FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 17. Black, White, etc.) 14. RACE — American Indian, 17. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 17. Black, White, etc.)
	ВҰ	3 M Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:
as	ED	15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 160. KIND OF BUSINESS/INDUSTRY
9 2		(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)
	- J	12th Domestic Worker Household
the hospital detached it once.	COMP	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Lest)
S & 6	ш	James E. Overton Mattie S. Overton
retained by the hospit 5 should be detached notified at once.	TO B	19a. INFORMANT'S NAME (Appe/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code)
y oe re lage 5	-	NICOLE DUERTON 1015 N. DENTACOUST. Dalto md 21214
funeral director, page xaminer must be		20a. METHOD OPDISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Cametery, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Cametery, crematory or other place)
direct	Į,	1 Burlal 2 Cremation 3 Removal from State Cametery, crematory or other place 4 Donation 6 Other (Specify)
beath, rag tuneral dis l, examiner		maketh France West
9 7	- Ú	12 Dune 12. Davis 1430 Walash tue, Delto Md 21215
rem ph		23. PART I. Enter the viscesses, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate
	- 1	IMMEDIATE CAUSE (Final
		disease or condition resulting in death) a. Aspiration Bneumonits immediate Due to (or as a consequence of):
8 5 - 6		
e be executed sician and con nrior to burial, traumatic e	NO	Sequentially list conditions, Parkinsonism Months
ysician prior to	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING U. C. C. C. C. C. C. C. C. C. C. C. C. C.
	원	CAUSE (Disease or Injury that Inflated events Due To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Years
ending Hygie	E	resulting in death) LAST
the attending phy I Mental Hygiene p njury, or other		0.
	EDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS PERFORMEC? AMAILABLE PRIOR TO
8 a a	Ö	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?
een sign of Heal	Σ	1 U YES 2 NO
as be	Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES □ NO ☑ UNCERTAIN □
State 1	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
his certificate has hith the State Dept with the State Dept ced, or Item 23	₹	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Auraing Home 5 Recidence 6 Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 280. TIME OF 280. INJURY AT 280. DESCRIPTION OF DEATH
ther this cath with		1. Netural 5 Pending (Month, Day, Year) WORK?
After death	B	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, term, street, tectory, office 28f. LOCATION (Street and Number or Bural Ploute Number)
FUSETION, OF ALTENOINE PRISOLOUP. He are let FUNERAL DIRECTOR: After this certificate has been within 72 hours after death with the State Dept. of ITANT: If I tem 28 is marked, or Item 23 shown as the control of the property of the proper	COMPLETED	3 Suicide 6 Could not be 4 Homicide 6 Could not be datermined 299. PLACE OF INJURY — At home, term, street, tectory, office 501. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)
OIREC Nours Item	<u> </u>	29a. CERTIFIER
1 2 E	₹ I	29a. CERTIFIER (Check only one) CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner ee stated.
Mithin I		
五百五	BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
2 6 3 ₹	5	290. SIGNATURE AND TITLE OF CERTIFIER Cynthia Kuttner, no 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typer Print) Cynthia Kuttner, no Johns Hopkins Beriatric Center Circle, Baltimore, maryland 31. Date filed (Month, Day). Year) MAY 29 1996
		Cunthia Kuttner no Johns Hopkins Benetic Center 5505 Hopkins Bayriew
		31. DATE FILED (MONTH) PENTEY) / T. REPUSTO DE ALCHANDADO
		MAY 29 1996



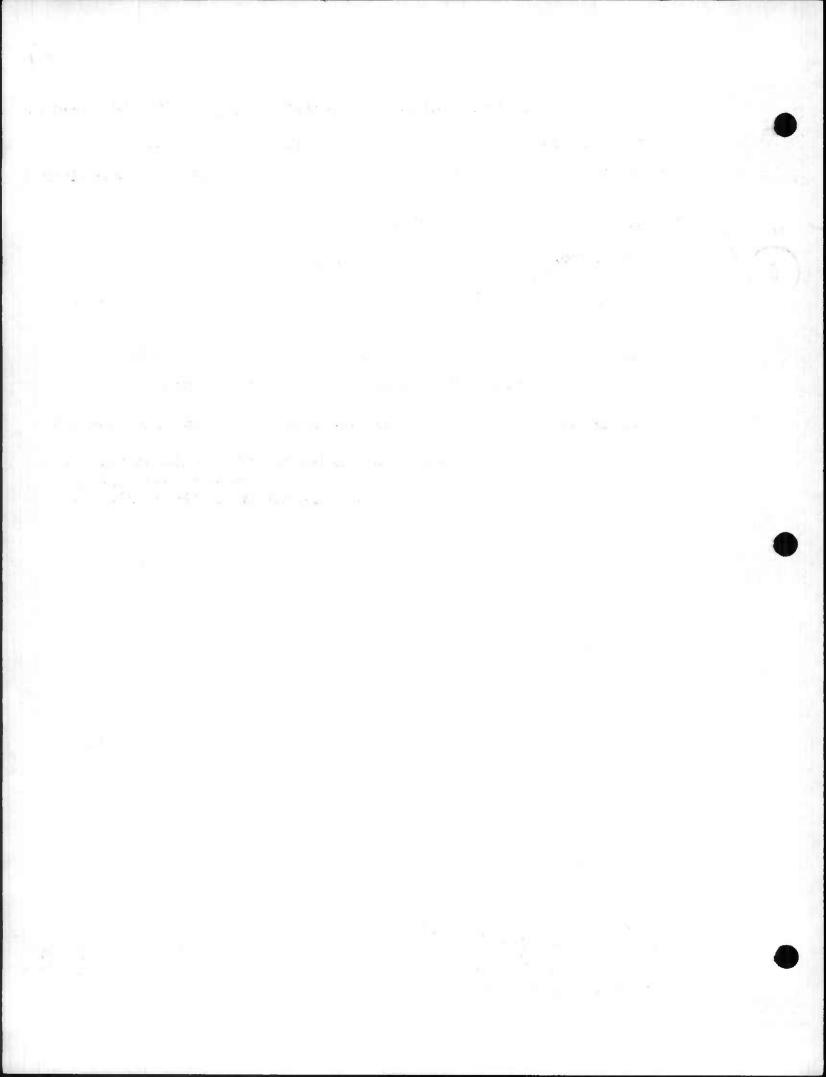
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

15847

hysician		Description No. of Cont. 45'							Reg. No.		
nvsician		I. Decedent's Name (First, Mide						2. Dete of Month	Deeth Day	Year	3. Time of Death
/Medical			Barbar	a Jean	Higgin	ootham J	ackson	May		1996	8:10 PM
xaminer	4	e. Facility Name (If not institution	on, give street and n	umber)				, or Location of D	-3-1	ty of Death	
		4007 - 6th S		1		K Hadas d Vans	Baltin		N/		
г	1	5. Social Security Number 218 28 0722	6. Sex 1 ☐ M 2 🖾 F	7. Age (In yrs. 62	Yrs.	If Under 1 Year Months Deys		Min. (Month,	Birth Dey, Year)		lece (State or Foreign stry)
	1	Jsuel Residence of Decedent		02	110.			Oct.	13, 1933	Wes	t Virginia
	_	10a. State 10b. Count	ty	10c. Cit	ty, Town or Loc	cation				1	0d. Inside City Limits
ō		Maryland N/	A	Bā	altimor	е					1 Ty Yes 2 □ No
Director		I0e. Street and Number				10f. Zip Code			10g. Citizen of	What Coun	ntry?
0		4105 Rondo Co	ourt			212	25		U.	s.	
Funeral		1. Marital Status	12. Wes Dec	cedent Ever In U	I,S. 13. W	Vas Decedent of I	Hispenic Origin	? (Specify Yes or Puerto Rican, etc.)	No- 14. Re	ce - Americ	
		1 Never Married 2 Ma	rried 1 ☐ Yes	2 X No		☐ Yes 2 No		uerto moan, etc.)	Speci		
d D		3 ☐ Widowed 4 X Divorce	d Year or	Detes:					Speci	is: MI	hite
ete		15. Decede (Specify only high	nt's Education est grade completed))	16a. Deced	ent's Usual Occu kind of work done OO NOT use retire	pation during most o	f working	16b. Kind of I	Business/Ind	dustry
Completed		Elementary/Secondary (0-12) 8th	College	(1-4or 5+)		e Maker	ia)		In (own ho	ome
5		17. Fether's Neme (First, Middle	o, Last)		HOM	CIMICI	18. Mother's	Name (First, Mid	dle, Maiden Sume		JANC .
To Be			Jess	sie Hig	ginboth	nam			loodrum		
_		19e. Informant's Neme/Reletion	nship (Type, Print)		19b. Melling	g Address (Street	and Number	or Rurel Route Nu	mber, City or Town	n, State, Zip	Code)
		David Garret	tt		604	Luzerne	Avenue	Bal:	timore, N	Maryla	and 21224
	2	0e. Method of Disposition			Plece of Dispos	sition (Name of natory or other ple	ice)	Dete	20c. Location	- City or To	wn, Stete
		1 X Burlel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (n Stete			*	k 5/24/9	6 Glen E	urnie	, Maryland
	1	21. Signeture of Funerel Service	e Licensee		22.	Name end Addre	ess of Fecility	Gonce	Funeral	Home	P.A.
		1000000		Bi	40	001 Ritch	nie Hig		ltimore,		
	1	235 Part1. Enter the disease of shock, or heart failure Lis	or complications that	caused the deet	th. Do not ente	er the mode of dyl	ng, such es ca				Approximete Interval Between
n	1	and an insulation of	or only one couse on	eacit iiile.	0				23 7247 627	1	Onset end Deeth
ı	1										
		Immediete Cause (Finel diseese or condition	-1	no to	state	Sall	(01)	aschun	6 Jo Tim	C) () mas
	1	Immediate Cause (Finel disease or condition resulting in death)	Θ	Due to (0	state or es e consequ		Cell	ason	fely	0	10mos-
	1	disease or condition	e	Due to (c	statis or es e consequ		Cell	ason	flety	0	10mos-
	1	diseese or condition resulting in death)	e		or es e consequente as a consequente as	uence of):	Cell	asom	foly	0_0	20mos-
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Examiner		disease or condition	b	Due to (c		uence of):	Cell	asom	ffety	0 0	20mos-
n/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter Underlying Cause (Disease or Injury het initiated events	b c	Due to (c	or as a consequ	uence of):	Cell	ason	Protug	0	10mos-
n/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b	Due to (o	or as a consequ	uence of): uence of):			1, , }	0	20mos-
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by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	bddd.	Due to (o	or as a consequ	uence of): uence of):		23b. E	oid tobacco uae c ∀es 2□ No	3 □ Prot	are eutopsy findings allable prior to mpletion of cause
by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	bd	Due to (o	or as a consequ	uence of): uence of):		23b. E 1 24e. W	old tobacco uae c ∀es 2□ No /es en autopsy enformed?	3 Prot	bebly 4 Unknown are eutopsy findings allable prior to mpletion of cause death?
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					Certi	ficate of	Death		Reg. No.			10040
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Examir		4a. Facility Nama (ff not institution, g	iva street and numbe	r)			4b. City, Town, or Lo	ocation of Dea	th 4c.	County	of Death	
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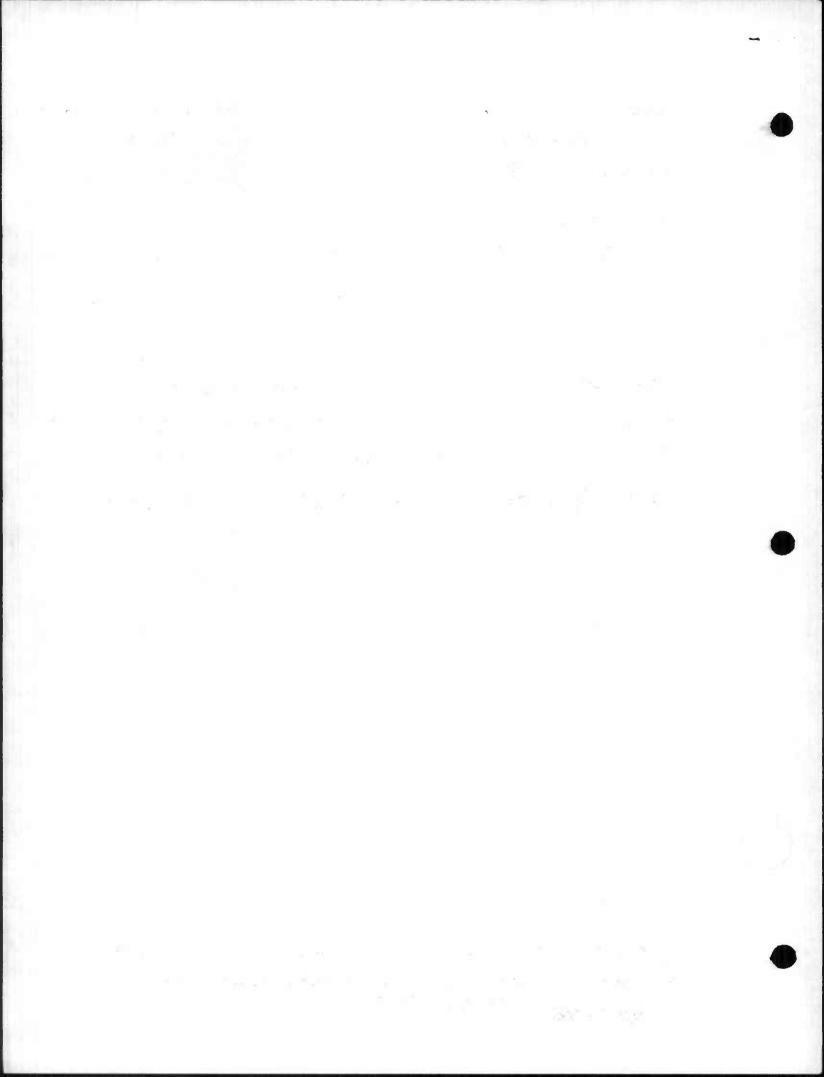
State of Maryland / Department of Health and Mental Hygiene 96

							Cel	Tilicat	e or	Death			Reg. No.		
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	Funeral Director		5. Sociel Security Number 213-32-9948		Sex 1□ M 2□xF	7. Aga (In yrs. la 81	Yrs.	If Under Months			24 Hrs. Min.	8. Data of Bir (Month, De JAN • 1	th ay, Year) 5, 1915	9. Birthp Cour MA	pieca (Steta or Foreign http:) RYLAND
	28a-f show	Director	MD	County	ARUNDEL		Town or Lo							1	10d. Inside City Limits 1 ☐ Yas 2 ☑ No
	MOT 2	Dire	10e. Street end Number 8339 FAIRWO	חת חמ	TVE			10f. Zip		1122			10g. Citizen o	Whet Cour	•
020	illed within 7.2 hours enter death with the Maryland Hydione. ther than "natural", or items 23s or 28s-f show ent, the Medical Examine (matter notified at	by Funeral	11. Marital Status 1 Never Married 2 3 Wildowed 4 D	☐ Merried	12. Was Dad Armed F	2 No ive			dant of cify Cut			pecify Yas or No Rican, etc.))- 14. R	ace - Americ ack, White,	can Indian, etc.
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T.	within To the comple	Me	29b. Signatura and title of	certifier	.0 /	4		290		se number			29d. Dete sign	ned (Month,	Dey, Year)
	I		How	medle.	her	2		\cup \mathcal{L}	13	5842	8		May	23,	1996
	0		30. Neme end eddress of			of deeth (Item :							đ		,
-	Sta	te.	DR. HOWARD 31. Dete filed (Month, Dey	Year)	CHULTI -	1438 DE	FENSE	HIGH	IWAY	- SU	LTE_	201 - G	AMBRILI	S, MD	21054
	Regist		MAY 29 1996		U Day	14001-1	arm.								

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				State of	Marylan		rtment of			lental Hy	giene 9	6	5850
	Physic	ian	1. Decedent's Neme (First, Middle, I	ast)						2. Dete of De		Yeer	3. Time of Death
Ų.	/Medi		Anna C.		AHL					May 2	4, 1996	79-63	4:45 PM
7	Exami	ner	4e. Fecility Neme (If not institution, g Franklin Square					1		ocation of Deet	h 4c. Count Balt:	y of Deeth	
	Funeral				7. Age (In yrs. 75	lest birthday). Yrs.	if Under 1 Ye Months De	ar If Unde	Balti r24 Hrs. Min.	8. Dete of Bir (Month, De	th ay, Year)	9. Birthp	elece (Stete or Foreign
	Director		Usuel Residence of Decedent	λ .	13					Jan.	7, 1921	Mary.	land
	Maryland	tor	Md. Baltimo	re	10c. City	y, Town or Loc	cation	Bal:	timor	·e		1	0d. Inside City Limits 1 ☐ Yes 2 ☑ No
	or 284	Director	10e. Street end Number			_	10f. Zip Cod	е			10g. Citizen of	Whet Coun	itry?
	23a	ral	4116 Cliffvale F	Road			2123	6			и.:	S.A.	
020	d within 72 hours after death with the Maryland jiene. If than "natural", or itema 23a or 28a-f show the Modical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Deced Armed Ford 1 Tes 2 If Yes, Give Yeer or Del	es? X No		Ves Decedent (Yes, specify C			ecify Yes or No Rican, etc.)		ce - Americ ck, White, by: Whi	etc.
Maryland 21215-0020	within 72 hou ene. than *nature	Completed	15. Decedent's (Specify only highest g Elementary/Secondery (0-12)	Education rede completed) College (1-4	4or 5+)	(Give I	ent's Usuei Oc kind of work do OO NOT use rei	cupetion ne during mo- tired)	st of worki	ing	16b. Kind of E	Business/Inc	iustry
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and	t be filed intal Hyged of the	Be	17. Father's Neme (First, Middle, La: Casper Fischer	st)							, Malden Sume	me)	
Z	should be and Mental marked of	스	19e, informent's Neme/Reletionship	(Type Print)		19b Mailin	n Address (Str			et Line	nenberg er, City or Town	State Zin	Code
	1 and 2 s Health ar em 27 is other trau		Charlene Betz	(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									653-1143
Baltimore,	20 0 2 2		20e. Method of Disposition 1XDBurial 2 Cremetion 3 4 Donetion 5 Other (Spec		C	lece of Dispos emetery, crem	sition (Neme of netory or other emorial	plece)		Dete	20c. Location Bel Air	- City or To	wn, Stete
Balti	permit. Pag Department Important: I any Injury o		21. Signeture of Funerei Servica Lice		h	Sc.	Nome and Ad himunek	dress of Fecil	ity Lal H	ome, Iv	ic. re, Md.		
			23a. Pert1. Enter the disease, or conshock, or heart feilure. List only	mplications that car	used the deeth	n. Do not ente	05 Belo	Ur Roc dying, such e	td B	altimo) or respiretory e	re, Md.	21236	Approximete Intervel Between
	Physician /Medical		immediete Ceuse (Finel diseese or condition		ch line. crania]								Onset and Deeth
	Examiner	_	resulting in deeth)	0.		r es e consequ							
	nsit	Examiner		b			ý					1	
8760,	icate be axecuted physician and s the burial-transit	dicai Exa	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	c		r es e consequ	,						
Box 687	death certificate be axecuted e attending physician and of for use as the burial-transit	Physician/Medic	resulting in deeth) Last	I d	Due to (or	res e consequ	ience of):						
	death e atte	sicia	Pert if. Other significant conditions	contributing to dea	th but not resu	ulting in the un	deriving cause	given in Pert	f.	23b. Dld	tobacco use co	ontribute to	the cause of death?
, P.O.	that the de ned by the s e detached (by Phys									Yes 2 No		pably 4 🗆 Unknow
Records,	e law requiras that the has been signed by th	Completed b								24e. Wes	en eutopsy ormed?	COL	ere eutopsy findings elleble prior to mpletion of cause death?
Œ	0 - 6	Com								10	Yes 2 No	10	Yes 2□ No
Vita	iclan: The	Be	25. Wes case referred to medical examiner?	Heavital.					e of Deeth	(Check only	one)		
on of	this Piles Unersidi	lon: To	1 ☐ Yes 2 ₹ No 27. Menner of Deeth 1 ★ Natural 5 ☐ Pending	Hospital: 12 Ing		ER/Outpatient 28b. Time of Injury	28c. ir	njury et Vork?			dence 6 Ott how injury occu)
DIVISIO	or attendant after cost Director:	Certification:	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	be 28e. Piece o	f Injury - At ho , etc. (Specify	me, ferm, stre	M 1 et, fectory, office	Yes 2		28f. Location (City or To		ber or Rura	l Route Number,
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	To the Within To the	Me	29b. Signetyre end title of certifier				29c. Lice	ense number			29d. Dete signe	ed (Month, i	Dey, Year)
			house	4 50	2, cel	in.	D 3	6663			May 25,	1996	
	10		30. Name and address of person who Dr. Stuart Will	es 9000 F	rankli	n Squa	Print)		ore,				
	Sta Registr	_	31. Dete filed (Month, Dey, Year) MAY 2 9 1996	32 P00	pistrat's Signet	Kin Konda	L						

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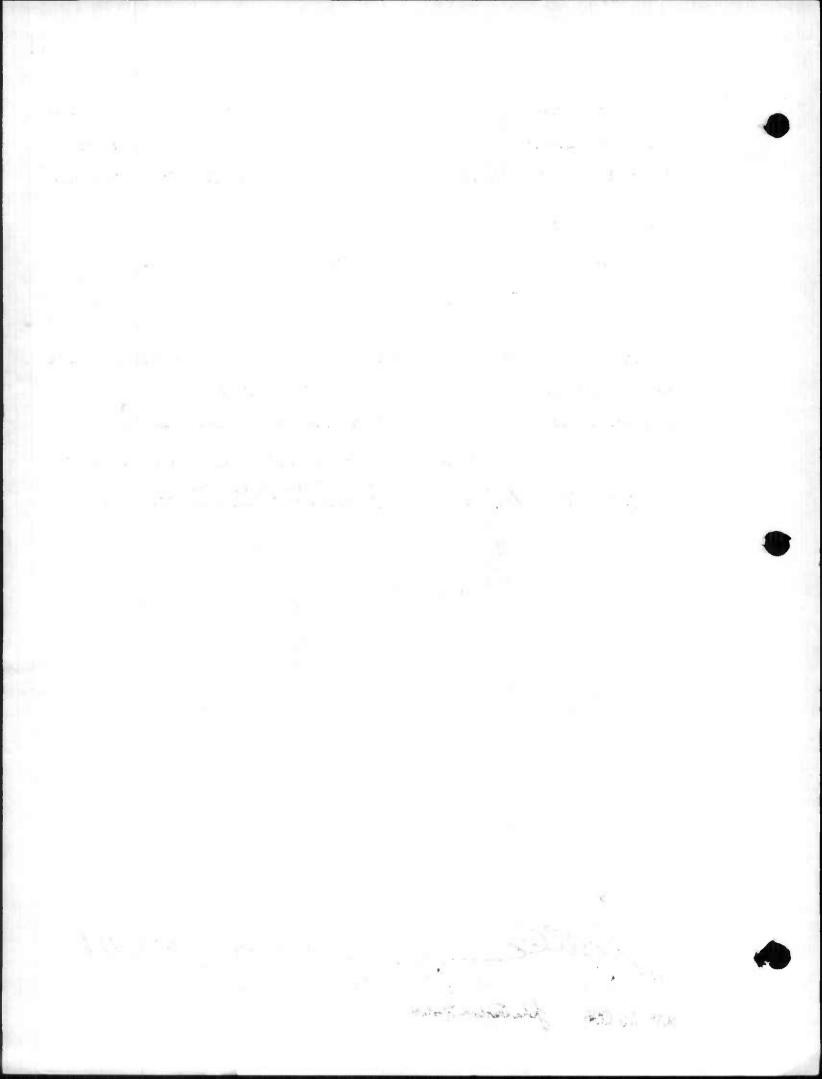
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State of Maryland / Department of Health and N	Mental Hygiene	10001
Certificate of Death	Reg. No.	
	2. Dete of Death	3. Time of Death

					(Certificate o	f Death		Reg. No.		
	Physic		1. Decedent's Name (First, Middle, Last, Bernard V. Krat					2. Dete of De Month	Day 26,1996	Year	3. Time of Death 7:43AM
7	/Medi Exami		4a. Facility Name (If not institution, give)		4b. City, Town, or I			y of Death	
			St. Joseph Hospi	tal			Towson		В	altim	ore
	Funeral Director		215-09-9110	7. A	ge (In yrs. lest birth Y	Months Day	or if Under 24 Hrs.	8. Date of Bir (Month, De April	rth ey, Year)	9. Birthp Coun	lace (Stete or Foreign try)
	vend wo		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town	or Location				1	0d. inside City Limits
	n the Marylen r 28a-f show	ctor	Md. N/A		Balti	more					1 Ves 2 □ No
	death with the Marylend me 23a or 28a-f show mass the notified at	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of	What Coun	try?
	ne 234	Funeral	4501 White Ave.	12. Wes Decedent	Ever in U.S.	212		necify Yes or No	U.S.A	e - Americ	an Indian
020	irs efter of	by Fun	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces 1 X Yes 2 If Yes, Give Year or Detes:		13. Was Decedent of if Yes, specify Cu 1 ☐ Yes 2 ☑ N		o Rican, etc.)		ck, White,	etc.
21215-0020	within 72 hours efter ene. then "natural", or its he Medical Examine	Be Completed	15. Decedent's Edu (Specify only highest gred	e completed)	18e. C	ecedent's Usuai Occ Give kind of work don ife. DO NOT use reti	upation le during most of wor	king	16b. Kind of B	-	
212	Total 100 Aug	omo	Elementary/Secondary (0-12)	College (1-4or	5+)	eutenant			Balto.C	itv F	ire Dept.
pul	be filed stal Hygi of other event, I	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nan		, Meiden Sumer	ne)	
Maryland	Mer	2	Albert Kratzmeier 19a. Informant's Name/Relationship (Ty	no (Print)	10h 1	Aniling Address /Ctus	Clara So		0.7	Chata Tia	0.40
	d d d d d d d d d d d d d d d d d d d		Ms. Loyce M. Kent	pe, runu		Mailing Address <i>(Stre</i> 18 Apparit					C008)
Baltimore,	of He item		20a. Method of Disposition *D Burial 2 □ Cremation 3 □ R	amayai from State	20b. Piace of D	Disposition (Neme of cremetory or other p		Date	20c. Location		wn, State
ţi.	Department of I Department of I Important: If its any Injury or o		4 □ Donation 5 □ Other (Specify)	1	Centre	Co. Memor		5/30		Colle	ge,Pa.
Bal	Depar Depar Impor any In		21. Signature of Funeral Service License	Sh. Q	1/2		ress of Facility Miller Fur ford Rd. H			1234	
	Physician		23a. Pert1. Inter the disease, or compile shock or heart failure. List only or	cations thet ceuse se cause on each li	d the death. Do no						Approximate Intervei Between Onset and Death
Т	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	Iny	acard	iel an	foract	(m			14
	ted nsit	Examiner		Ch	molf C	me	Į.				
30,	ifficate be executed g physician and as the buriel-transit	i Exa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury		Due to far as a co	nsequence of):				1	
c 68760,	5 0 6	Medicai	resulting in death) Last		Due to (or as a co	nsequence of):					
Box	death cert e attendin rd for use	cian						1			
, P.O.	requires thet the death cer een signed by the attendir hould be detached for use	by Physician/N	Pert II. Other significant conditions con	tributing to death b	out not resulting In t	he underlying ceuse (given in Part I.	23b. Did	tobacco use co		the cause of death?
Records,	s need s	Completed b						24a. Was	an autopsy ormed?	COL	ere eutopsy findings aliable prior to mpletion of ceuse
Rec	has has	dwo						10	Yes 2 7No		death?
Vital		Be C	25. Was case referred to medical examiner?				26. Place of Dee				1100 24(10
of V	Physician: this certific ral director,	2	1 □ Yes 2 10	ospital:		atient 3L DOA		lome 5 Resi			r)
lon	offin.	tion	27. Manner of Death Natural 5 Pending 2 Accident Investigation	28a. Date of Inju (Month, De	iry Year) 28b. Tin	iry W	jury at /ork? □ Yes 2 □ No	28d. Describe	how Injury occu	rred	
Division	at or Attac attactor Director of in by th	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Injuding, et	iury - At home, farm c. (Specify)	, street, factory, office	9	28f. Location (City or To	Street and Num wn, State)	ber or Rura	I Route Number,
0	N Hospi 24 Jefun Persent IIIs	Medical C	29a. Certifier (Check only one) 1 Certifying Phys	fcien: To the best er: On the basis o and menner st	f examination and/	leath occurred at the or investigation, in my	time, date and place opinion, death occu	, and due to the rred at the time,	cause(s) and m date and place,	anner as st end due to	ated. the ceuse(s)
dutta	Tomo	N	29b. Signature and tiple of certifier	2		29c. Lice	nse number	0	29d. Date signe	d (Month,	Dey, Year)
J.			30. Name and address of person who co	mpieted cause of c	leath (Item 23a) (Tr	/pe, Print)	74015	7	0/2	77	2/
			Bichard G	DIA	ntonio	MD	10W50	n p	20 21	204	

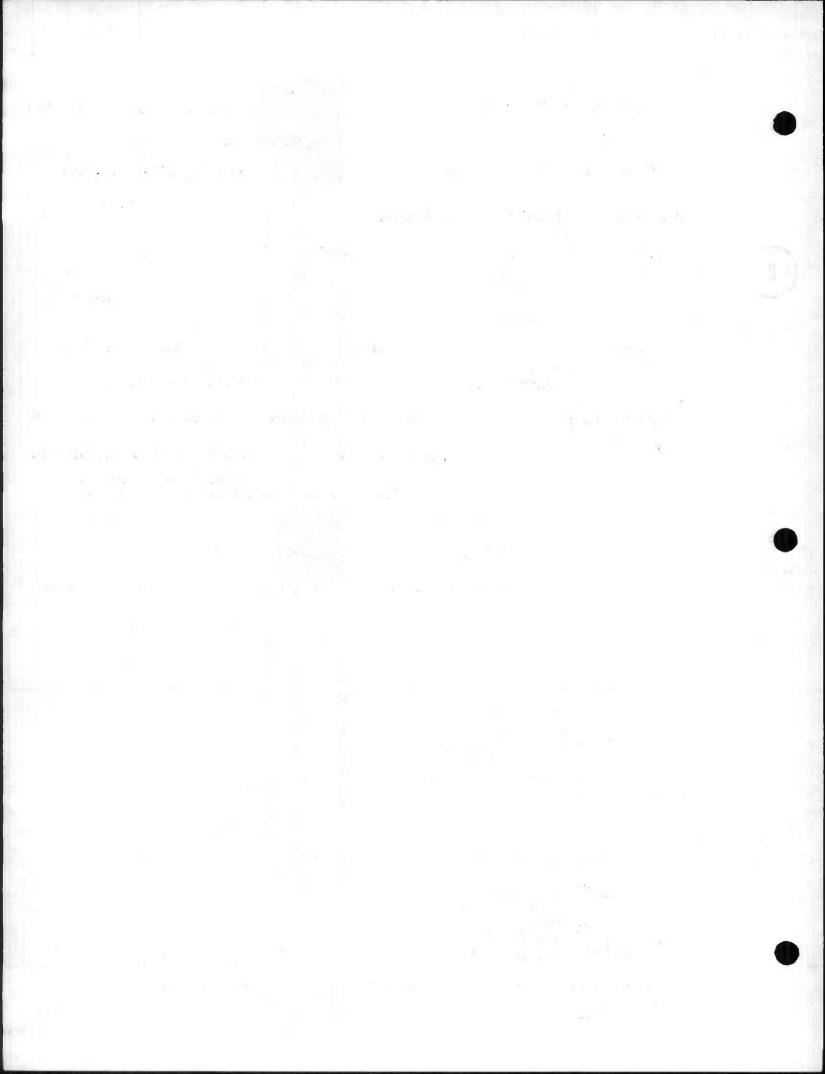
State Registrar

DHMH 16 Rev 6/95



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		(Certificate of	Death		Reg. No.		
	Decedent's Name (First, Middle, Last)				2. Date of De	ath		3. Time of Death
ician	EDWARD KOSNIK	_			Month	28,19	Yeer	02:11
dical niner	a. Facility Name (If not institution, give street and number			4b. City, Town, or Lo				0 4 .
niner	UMMS			BALDMO		N/		
		Age (in yrs. last birth	hday) If Under 1 Yeer	.7				e (State or Forei
	216 05 6468 11XM 2□ F suel Residence of Decedent		rs. Months Deys		8. Date of Bir (Month, Da July 2	5, 1917	Mary.	
	Oa. State 10b. County	10c. City, Town	or Location				10d.	Inside City Limit
0	Maryland Anne Arundel	Baltin	more					1 ☐ Yes 2 🗶 N
Director	De. Street and Number		10f. Zip Code			10g. Citizen of V	What Country	2
	5712 Franklin Street		212	25		U.S		
era	Marital Status 12. Was Deceder	nt Ever In 11 S			acifu Vae or No		e - American	Indian
by Funeral	Armed Forces 1 Never Merried 2 Married 2 Married 2 Married 1 Never Merried 2 Married 2 Married 2 Married 2 Married 2 Married 2	s? ⊒ No	13. Was Decedent of If Yes, specify Cub 1 ☐ Yes 2 ☑ No		Ricen, etc.)	Specify Specify	ck, White, etc.	
Completed	15. Decedent's Education	16a. I	Decedent's Usual Occu	pation		16b. Kind of B	usiness/Indus	try
ple	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4o	(5.1)	(Give kind of work done life. DO NOT use retire	during most of works ed)	ing			
HO	Elementary/Secondary (0-12) College (1-4o	154)	Laborer			Wester	n Elec	tric
Be C	7. Fether's Neme (First, Middle, Last)			18. Mother's Name	e (First, Middle,	Maiden Suman	10)	
To B	Anthony	Kosnik		Fr	ances	Wiecher	ezska	
-	9a. Informant's Name/Relationship (Type, Print)	19b.	Malling Address (Stree	t and Number or Run	al Route Numb	er. City or Town	State. Zip Co	ode)
	Frances Kosnik		712 Frankli					nd 21225
	Da. Method of Disposition	20b. Piece of I	Disposition (Name of		Date	20c. Location -		_
	1 XBuriai 2 Cremation 3 Removal from State	IA .	, crematory or other ple		5/30/96			Maryland
	4 □ Donation 5 □ Other (Specify)	HOTA C	Cross Cem.		7 307 90	Dartin	iore, r	aryrano
	Signature of Funeral Service Licensee	1	22. Name and Addr			Funeral		
	Honna M Francis	rushi	4001 Ritc	hie Highwa	ay Bali	timore,	Md. 21	1225
	3a. Part1. Enter the disease, or cur plications that ceus shock, or heart failure. List only one cause on each	ed the death. Do no	ot enter the mode of dy	ing, such as cerdiac	or respiratory a	rrest,	Ar	oproximete terval Between
							Ö	nset end Death
	mmediate Ceuse (Final sease or condition	BRA	HURNIN	LAGE				
	esulting in death)	Due to (or as a co		1010				
Je.	INIMA	` _	LAC ITSM	ATRA			14	DAYS
Examiner	D	Due to (or as e co	,	NIOMIN				וודעו
EXa	equentially list conditions, eny, leading to Immediate euse. Enter Underlying ause (Disease or Injury	Due to (or as e co	orisequence or).				1	
	lause (Disease or Injury at Initiated events	5-11						
edical	esulting in death) Last	Due to (or es e co	onsequence of):				1	
2	d							
Sar								
Physiclan/	ert II. Other significant conditions contributing to death	but not resulting In	the underlying ceuse gi	ven in Part f.		tobacco use co		
					10	Yes 2 No	3 Probeb	oly 4 Donkne
by							T	
Completed					24a. Was perfo	an autopsy rmed?	avelie	autopsy finding ble prior to
ple							of dea	letion of cause ath?
NO.					10	res 2 No	1 D Y	es 2 No
Be	5. Was case referred to medicei			26. Place of Death	h (Check only o	one)	1	
ToB	examiner? 1 Yes 2 No Hospital: 1 Inpa	utient 2 ER/Out	patient 3 DOA Ot	her: 4 Nursing Ho			er (Specify)	
	7. Menner of Death 28a. Date of In		me of 28c. fnju			now Injury occur		
tlo	1 ØNatural 5 ☐ Pending (Month, L 2 ☐ Accident investigation	/ay Year) inj		rk?]Yes 2 □ No				
Certification:	3 Suicide 6 Could not be	niury - At home, fare	m, street, factory, office		28f. Location (Street and Numb	er or Rural R	oute Number.
Te	4 Homicide determined 286. Place of a building, of	etc. (Specify)	, 51.551, 125151, 511155		City or Tox			
	9a. Certifier 1 Certifying Physician: To the bes					4.5		
edical	(Check only 2 Medical Examiner: On the basis	of examination and	or investigation, in my	me, date and place, : opinion, death occurr	ed at the time,	cause(s) end me date and plece,	and due to the	ed. e ceuse(s)
	one) and menner	stated.						
Σ	b. Signature and bue of entitler		29c. Licen			29d. Date signe		
	well the	ふる		1701		MAY ?	18,1	996
). Name end address of person who completed ceuse of					•		
		SEN ST.		ne. M	p 11	201		
to	I. Date filed (Month, Day, Year)	strar's Signature	ا ۱۱۱۲ ۱۱۲۰	14 111	<u> 1</u>			
ate rar	MAY 2 9 1996 Julia Day do	strar's Signeture						



FOR STATE

mit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	AIE UI	DEALH	R	EG. NO.				
	1. DECEOENT'S NAME (First, Middle, Las	4)					2. DATE OF I	EATN DA		YEAR	3. TIME OF D	EATH
		Frances	Krush	ensky			May	1	7 19	96	2:30	P
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E				IPLACE (State of	r Foreign
	388 24 5477	1 M 2 💢 F	82	YRS.	ONTHS DAYS	HOURS MIN.	Feb. 2		914	Nor	th Dak	ota
	9e. FACILITY NAME (If not institution, give	e street end number)		91	b. CITY, TOWN	OR LOCATION OF D				NTY OF D		.000
٣	Meridian Nurs	ing Home-La	och Rav	en	Balti	more			Ba1	timo	re	
۲	RESIDENCE OF DECEDENT									0 11110		
₩	10e. STATE 10b. COUP			10c. CITY, T	OWN OR LOC	ATION					10d. INSIDE (ITY
DIRECTOR	Maryland Ba	ltimore		Ba1	timore						1 YES 2	NO NO
A	10e. STREET AND NUMBER	ridian Nurs	eing Ho	mo	1	Of. ZIP CODE			10g. CIT	ZEN OF V	VHAT COUNTR	n
	8720 Emge Road	i i i i i i i i i i i i i i i i i i i	31119 110	THE .		21234			U	.S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED	13. WAS DE	CENOENT OF HISPA	NIC ORIGIN? (Se	ecify Yee	or No-	14. RACE	— American I	ndlen.
	1 Never Married 2 Merried	FORCES? 1 I		0	If yes, a	pecify Cuban, Mexica S 2 NO Specifi	in, Puerlo Ricer			Speci	c, White, etc.	
B	3 Widowed 4 Divorced	11 120, 0172 1011	ON DAILS		''''	S Z X NO Specii	у:			Speci	White	2
	15. OECEDENT'S EI	DUCATION	16a. DEC	EDENT'S US	UAL OCCUPAT	ION	16b. KIN	OF BUS	INESS/INE	USTRY	111110	
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv life,	ne kind of work Do NOT use re	done during national.)	nost of working						
립	unknown		Ho	me Mal	ker		Ow	n Ho	me			
8	17. FATNER'S NAME (First, Middle, Last)					16. MOTNER'S NA	ME (First, Middle	, Maiden	Sumeme)			
		(Unknown)	Walt	on					ınkno	wn)		
ᇤ	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING AD	ORESS (Street	end Number or Rural	Route Number C	•		•	_	
임	Wally Childs					Avenue					4d. 212	204
	20a. METHOD OF DISPOSITION		20b. PLACE AI				DATE		CATION -			-
	1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State				al Park				,	d, Wis	conci
	21. SIGNATURE OF FUNERAL SEMIVICE	LICENSEE	0	10111 1	22. NAME	ANO ADDRESS OF FA	CILITY					COIIS
	100		5	0	Georg	e J. Gon	ce Fune	eral	Home	P. P.	A.	
_	Chun	ares	Lone	2		Ritchie :					1. 2122	25
	23. PART I. Enter the diseases, of	r complications that con. List only one cause	aused the dea	th. Do not	enter the m	ode of dying, aud	h as cardiac	or respi	ratory an	eat,	Approx	
	IMMEDIATE CAUSE (Finel	n			•							Between
	disease or condition resulting in death)	Ke	nal.	Fac	lur	1					1	
		DUE TO (OF	R AS A CONSEC	JENCE OF):								
Z	name and a supplied to the same of	. b										
2	Sequentially list conditions, if any, leading to immediate	OUE TO (OF	R AS A CONSEQU	UENCE OF):								
ERTIFICATION	CAUSE (Disease or Injury	C										
	thet initieted events	OUE TO (OF	R AS A CONSEQU	UENCE OF):								
	resulting in death) LAST	d.										
0	PART II. Other eignificent conditi	one contributing to de	eth but not re	eulting in 1	tha underlyle	na ceuse alven in	Part 1 24e	WAS AN	ALITOPSY	24h	WEDE AUTODS	V EINOINGE
0	PART II. Other eignificent conditi	/		-		ng ceuse given in		WAS AN	MED?	24b	. WERE AUTOPS AWAILABLE PR	OR TO
DICAL C	Cenyest	/	t fa	-		ng ceuse given in			MED?	24b		OR TO
MEDICAL C	PART II. Other eignificent conditions of the con	/		-		ng ceuse given in		PERFOR	MED?	24b	AVAILABLE PR	OR TO OF CAUSE
MEDICAL C	Cinjest	/		-	u		1 [PERFOR	MED?	24b	AVAILABLE PR COMPLETION OF DEATH?	OR TO OF CAUSE
MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	/		ılu	26.1	ng ceuse given in	1 [PERFOR	MED?	24b.	AVAILABLE PR COMPLETION OF DEATH?	OR TO OF CAUSE
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

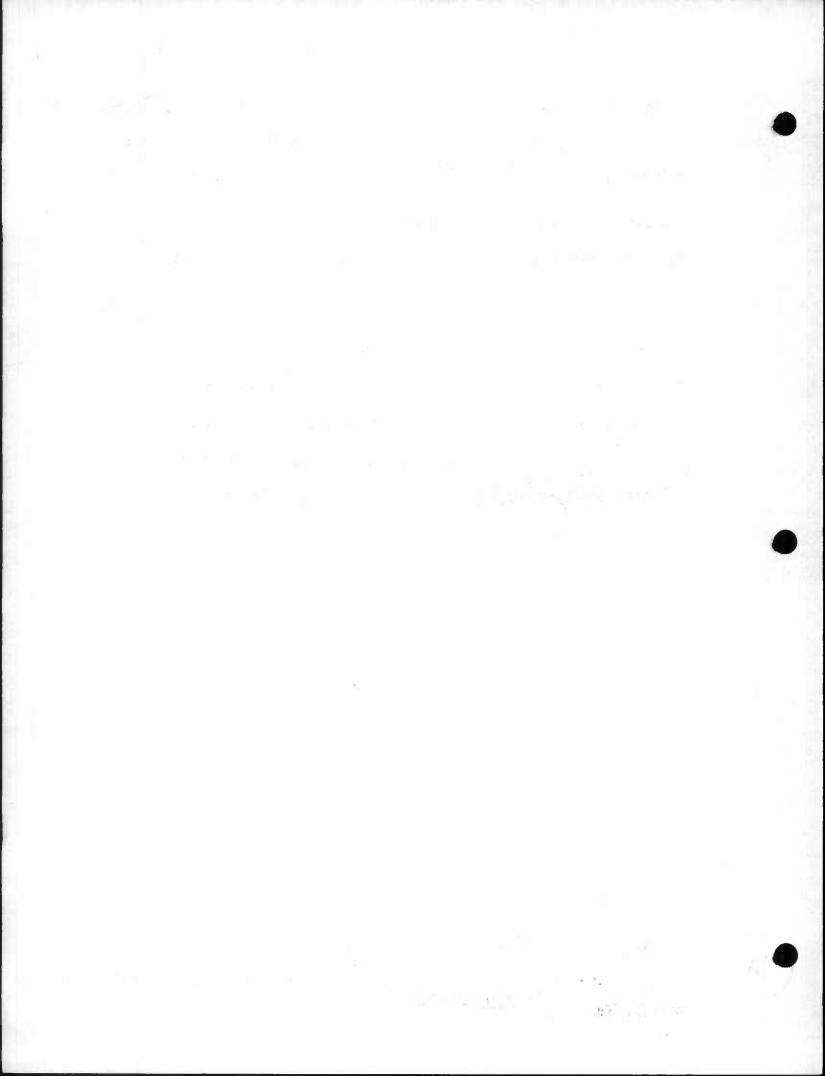
DNMH-18 Rev 1/89

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

15854

						Cei	rtificat	e of	Death		F	leg. No.				
	-		1. Decedent's Neme (First, Middle	, Last)							2. Dete of Dee		10000	3. Time of Death	Т	
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	/Medi Examir		4e. Facility Neme (If not institution,	give street end nu	ımber)		-		4b. City, To	own, or Lo	ocation of Deeth		nty of Deeth	1.03 11	-	
	LXAIIII	161	Suburban Hos	nital					Bethe	cha			ntgome	orv		
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L	Director		212-98-4115 Usuel Residence of Decedent						<u> </u>		12-3-1	920	Pak:	istan	_	
	B M		10e. Stete 10b. County		10c. City,	Town or Lo	cation						1	10d. Inside City Limits	-	
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	he h	Director	Maryland Montg	omery	Re	thesc	T	0 - 1					****			
	E 28	ä	10e. Street end Number				10f. Zlp	Code				log. Citizen	of Whet Cour	ntry?		
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Bo	ath o	Physician														
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9	that the de ed by the detached	F	Distrettee Mi	Milie	(Dun	ele	L &	25	2		101	98 2 N	o 3 Pro	bably 4 Unknown	1	
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		ion	1 Neturel 5 ☐ Pending	(Mon	th, Day Year)	Injury		8c. Inju			28d. Describe h	ow injury oci	curred			
Sig		2 Accident Investigation M 1 Yes 2 No														
Division	or Attendate deat Director:	riff	4 ☐ Homicide determin	and Zoe. Pleus	of Injury - At home ing, etc. (Specify)	e, ferm, str	eet, fectory	y, offica			28f. Location (S City or Tow	treet and Nu n, Stete)	mber or Aura	al Route Number,		
	ital c	ပိ														
	Hospital 24 hours Funeral C	edical	29a. Certifier Certifying	Physician: To the	best of my knowle asis of examinetion	edge, death	occurred	et the t	ime, dete er	nd piece,	end due to the d	ause(s) and	menner as s	tated.		
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1	T S S	2	29b. Signature and title of certifier	01	11		290	Licen	nse number		2	9d. Dete sig	ned (Month,	Dey, Year)		
١.			Jane-	Still	lie		_	Δ	130	18		5/2	-3/9	16		
	IA)		30. Neme and address of person w		se of death (Item 23	3a) (Type_I	Print)				6			0	-	
	/		JASWINAER	4412.2		5 l	Leen	wo	ry Ce	uly	Dr. G	Leu	selt	16/20776	0	
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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. item #19a, filmg, 736, 6/4/96, Cyw Configure of Posth 15855 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth **Physician** LED KUCZYNSKI 12:24 P Dominic MAY /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Baltimore Good Samaritan Hospital Hours Min. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. lest birthday) If Under 1 Year Months Devs 5. Sociel Security Number 9. Birthpleca (Stete or Foreign **Funeral** Deys 110 M 2□ F 72 Director 219-16-3548 Maryland July 24,1923 Usuel Residence of Decedent 10a. Stete 10b County 10c. City, Town or Location 10d. Inside City Limits NO Yes 2□No Director ms 23e or 28e-f r must be notifier Bel Air Harford Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? United States 21014 403 Harlan Street Funeral 'natural', or Items dical Examiner ma 12. Wes Decedent Ever In U,S. Armed Forces? 1 XXes 2 ☐ No If Yes, Give 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Raca - American Indian Bleck, White, etc. hours after 1 Never Merried 2 Merried 8 altimore, Maryland 21215-0020 1 ☐ Yes 2 ANo Specify: py Specify: 3 □ Widowed 4 □ Divorced White Yeer or Detes: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within Elementery/Secondery (0-12) College (1-4or 5+) Can Mfg. Company Laborer 8th Grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) permit. Pages 1 and 2 should be lift Department of Health and Mantal Hy important: if Nem 27 is marked oth any injury or other traumatic event phiss. Be 2 Anthony Unknown Kuczynski Sumowski Unknown Alexandra 19e. Informent's Name/Reletionship (Type, Print)
Oktavec (Sister)
Florence R. 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
403 Harlan Street Belair, Maryland 21014 20b. Pleca of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stete cemetery, cremetory or other place, 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 5/30 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Holy Rosary Cemetery 21. Signature of Funerel Service Licansee 22. Name end Address of Fecility Baltimore John C. Miller, Inc. 6415 Belair Road Md. -21206 23a. Pent1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one sause on each line. Approximete Interval Between Onset and Deeth Physician Immediate Cause (Final disease or condition resulting in deeth) 1 WEEK /Medical Congestive heart failure ou to (or es e consequence ot): Examiner sician and burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inflated events resulting in death) Last physician a the burial of Vital Records, P.O. Box 68760, ž Physician/Medical Due to (or es e consequence of) # attending 990 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ed by 6 detach 1 Yss 2 No 3 Probably 4 Unknown signed be def ğ 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? ž **Dage 2** 1 Yes 2 No erfillicator 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 0 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manger of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. tnjury et Work? Division 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 D Homicide Cer To the Hospital within 24 hours a To the Funeral C Hospital 24 hours a 29e. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29d. Dete signed (Month, Dey, Year) 29b. Signature and title of certifier HOUSESTATE 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) MD-GOOD SAMARITAN HOSPITAT

32. Degistrer's Signature

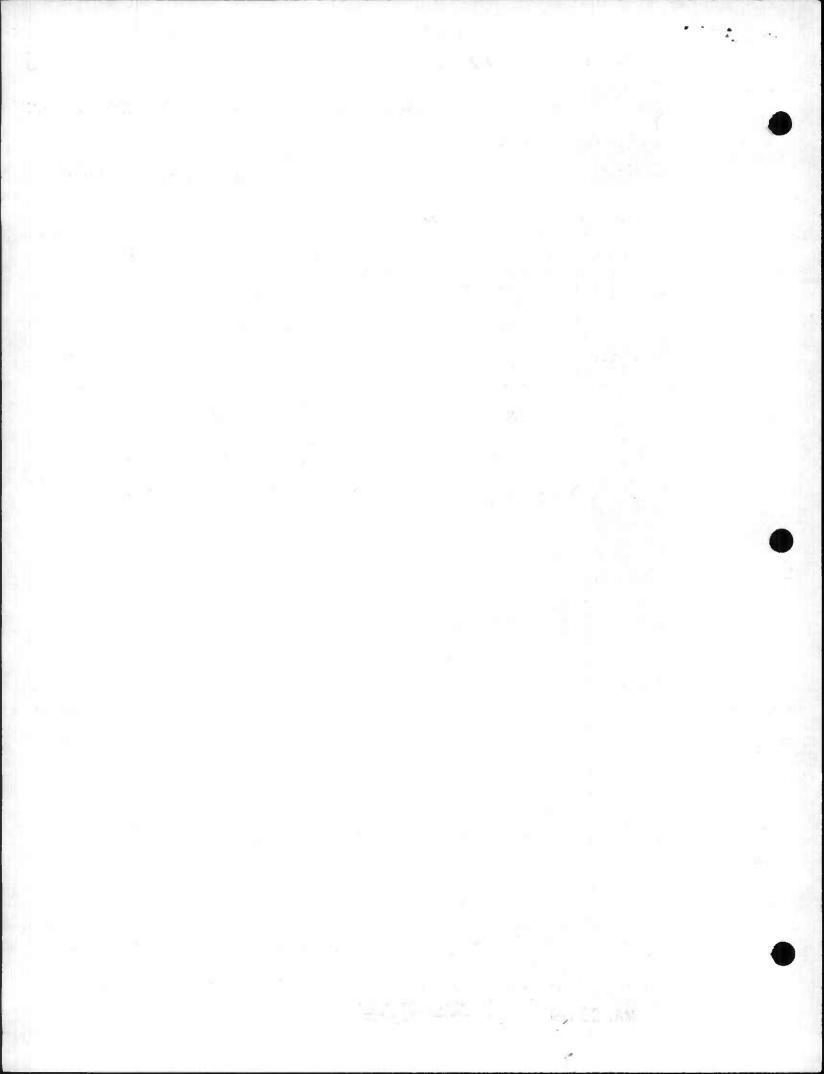
DHMH 16 Rev 6/95

State

Registrar

31. Date filed Midnith, Day, Ye

MAY 29 1996



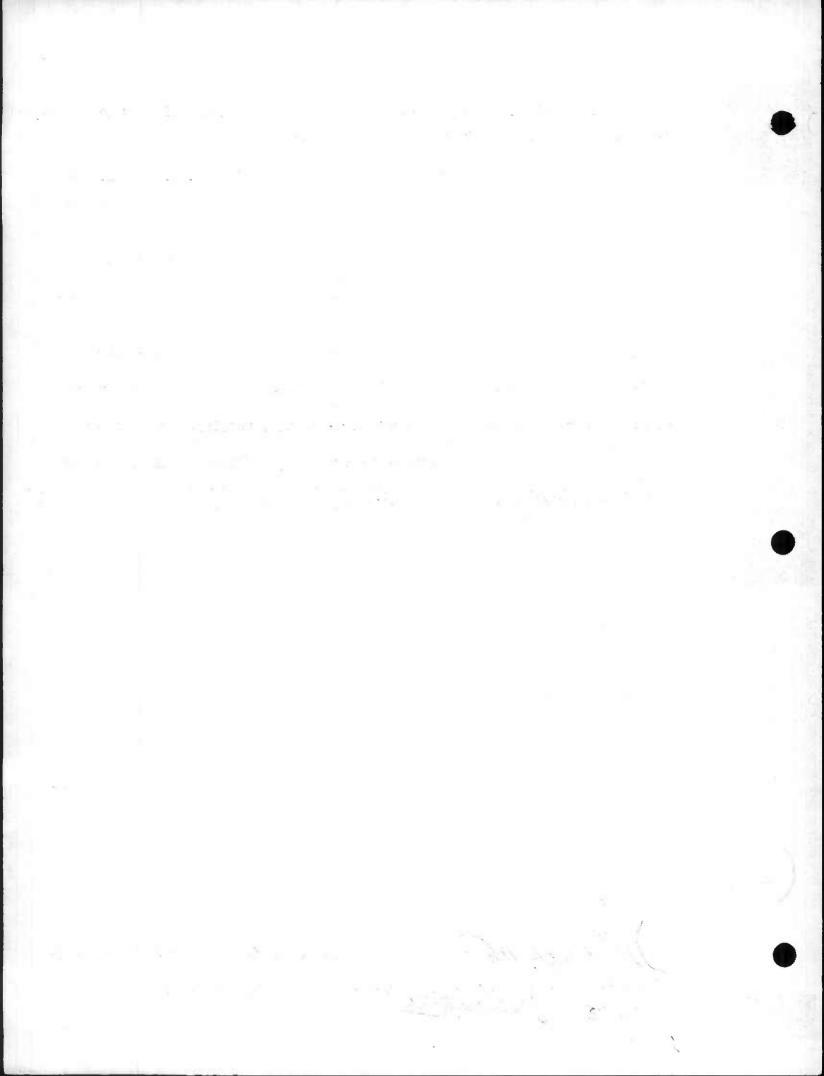
Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Yeer ETHEL 11:05pm MAY 26 1996 4a. Facility Neme (If not institution, give street end number) /Medical 4b City Town or Location of Death 4c. County of Deeth **Examiner** Hopkins Bayview Medical Center n/a Baltimore If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 1□M 2 F 54 Yrs. Director 220 38 6838 Oct. 6, 1941 Maryland Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or ferma 23a or 2a-1-2006. 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 No Baltimore Director Maryland n/a 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 21224 6601 Gary Ave. United States Funerai 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Never Married 2 Merried 1 ☐ Yes 2 XNo if Yes, Give Yeer or Detes: 1 ☐ Yes 2 XNo Specify: White þ Specify: 3 ☐ Widowed 4 X Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) Homemaker Domestic 8 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Arthur F. Heck Ethe1 Seabrease Α. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ethel A. Heck mother 524 N. Charles St., Baltimore, MD 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a, Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 X Cremetion 3 ☐ Removel from Stete 4 □ Donetion 5 □ Other (Specify) 5/28/96 Green Mount Crematory Baltimore, MD 21. Signature of Funerel Service Licenses 22. Name end Address of Fecility CAFA Stephen D. Lohrmann P.A. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. 8717 Green Pastures Dr., Baltimore, MD 21286 Approximete Intarval Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel disease or condition resulting in deeth) Brain Damage 2 weeks Examiner Due to (or es e consequence of): Examiner Infarction Myocardial The law requires that the death certificate be executed physician and the burial-transit Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in daeth) Last Due to (or as e consequence of) of Vital Records, P.O. Box 68760, Chronic Obstructive Lung Disease Physician/Medical Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached 1 Yes 2 No 3 Probably 4 Unknown Non-Insulia Dependent Diabetes Mellitus þ 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24a. Wes an autopsy performed? Completed Neuromuscular Disorder Be 25. Wes case referred to medical 26. Piace of Deeth (Check only one) Hospitai: 1 SInpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Division nding 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 15 Certifying Physician: To the best of my knowledga, death occurred at the time, deta end piece, end due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of axemination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(s) end menner stated. edical 29a. Cartifiar (Check only one) 29b. Signature and title of certifiar 29c. License number 29d. Dete signed (Month, Day, Year) m6156 MAY 26,1996 complated cause of death (Item 23a) (Type, Print) 4940 EASTERV A BAUTIMORE MA 21224

DHMH 16 Ray 6/95

Registrar

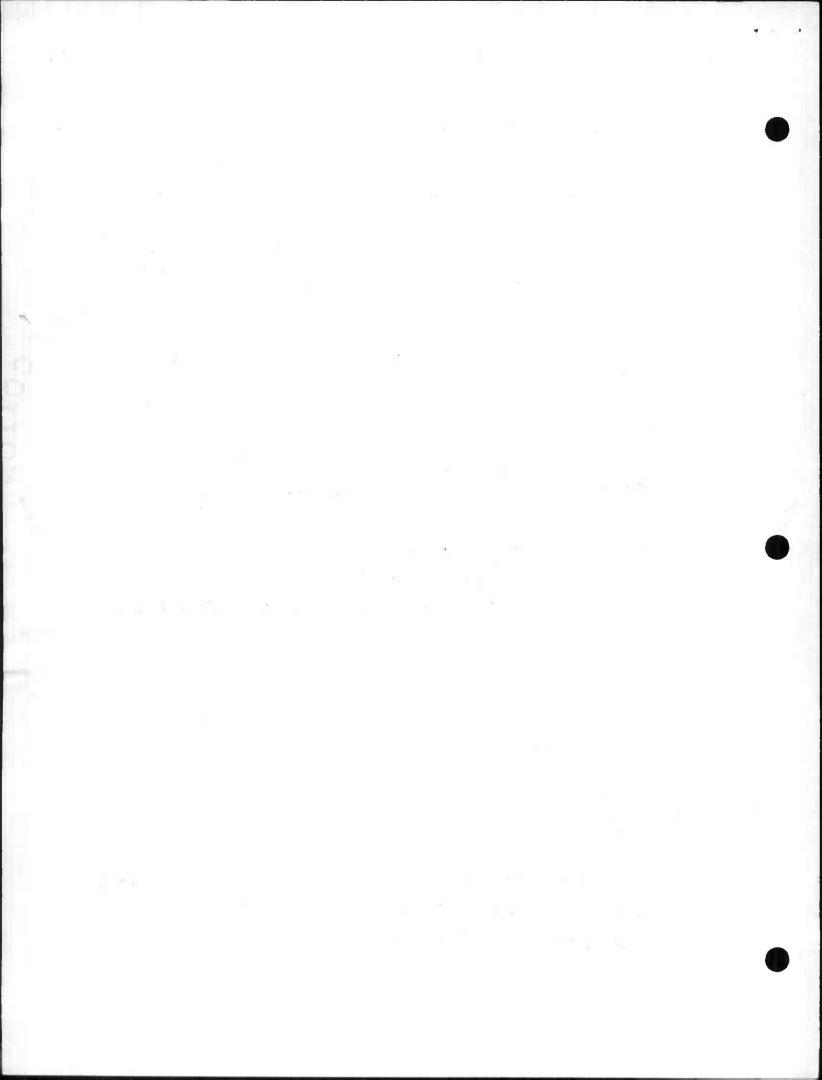
31. Dete filed (Month, Dey, Year)
MAY 29 1996



DIVISION OF VITAL RECORDS, P.O. BOX 6876 CHABALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certi be filed within 72 hours after death with the IMPORTANT: If flem, 28 is marked, or
223

	FILING, /35, Item #.	21, 3/23/	, 50, cy w	, per	2.11					0	U	13031	
	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTAL HYGIEN REG. NO	E			
	411110	MORGAN,	SR.						2. DATE OF DEATH MONTH DAY 28, I	996	YEAR	3. TIME OF OEATH 4:45 A. M	
j		1 M 2 F	VRS.	MONTHS DAVE HOUSE MAN			MIN.		1912				
O.R	Greater Baltimor		l Cente	er		WSON		ON OF DE	ATH	1	ltimo	imore	
ត្ត	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. C				ION					10d, INSIDE CITY	
DIRECTOR	Maryland N/A					Baltimore							
RAI	10s. STREET AND NUMBER		101. ZIP CODE									HAT COUNTRY?	
FUNERAL	2601 Roselawn Ave		EVER IN U.S. AR	MED	13		2121		IIC ORIGIN? (Specify Yes			tates	
BY FL	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1	. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	ecify Cube		n, Puerto Rican, etc.)	OF 140-5	Black,	RACE — American Indian, Black, White, atc. Specify: White	
	15. DECEDENT'S EOUCA		18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +)	leted) (Give kind of work done during m						Indus	tria	trial		
S O	17. FATHER'S NAME (First, Middle, Last)	1		300	1433	Lity			ME (First, Middle, Maiden				
BEC	John J. Morgan						М	arga	ret J. McK	enna			
10	19e. INFORMANT'S NAME (Type/Print)		19						Ploute Number, City or Tow				
_	Mrs. Patricia Hel	lman						Road	Baltimor			1237	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remov	rel from State	cometery, cre	AND DATE	of DISPOS ther place)	SITION (Na	me of	_			City or Toy		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Marale T	Parkw	000 (SS OF FA	/31/96 Bal				
	> market ga	Mark 1	. Zavoy	ma					ick, Inc. B			rd Road Md.21214	
CERTIFICATION	23. PART I. Enter the dieessea, or co shock, or heart feliure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (COULE OR AS A CONSE OR AS A CONSE	OUENCE O	enfo Pi: l	vel	ton	•	h aa cardiac or reap			Approximete interval Between Onset and Death	
PHYSICIAN: MEDICAL CER	PART II. Other eignificent conditione DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL	USE OF DEA		ES 🗆	NO [PERFORMEO?			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Sici	EXAMINER?	HOSFITAL:	ED/Outpetlant	DOA	OTHE				A CLOSE TO LOS				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF	Popellent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 28e. DATE OF INJURY (Month, Day, Yesr) 28b. TIME OF INJURY WORK?						28d. DESCRIBE HOW INJURY OCCURED				
ЕО ВУ	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, affice building, atc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON 2 MEDICAL EXAMINER								to the cause(e) and ma			end manner ee stated.	
TO BE C	296. SIGNATURE IND TITLE OF CERTIFIER FOLLOWING	· · ·	Per	1	_		_	57	-	29d. DA	TE SIGNED	(Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO Laurence H. Ross			05 Yo		Road	Lı	uthe	rville, Ma	rylai	nd 21	093	
	31. DATE FILED (Month, Day, Year) MAY 29 1996	32. REGISTRA	R'S SIGNATURE	- Pans	lette								



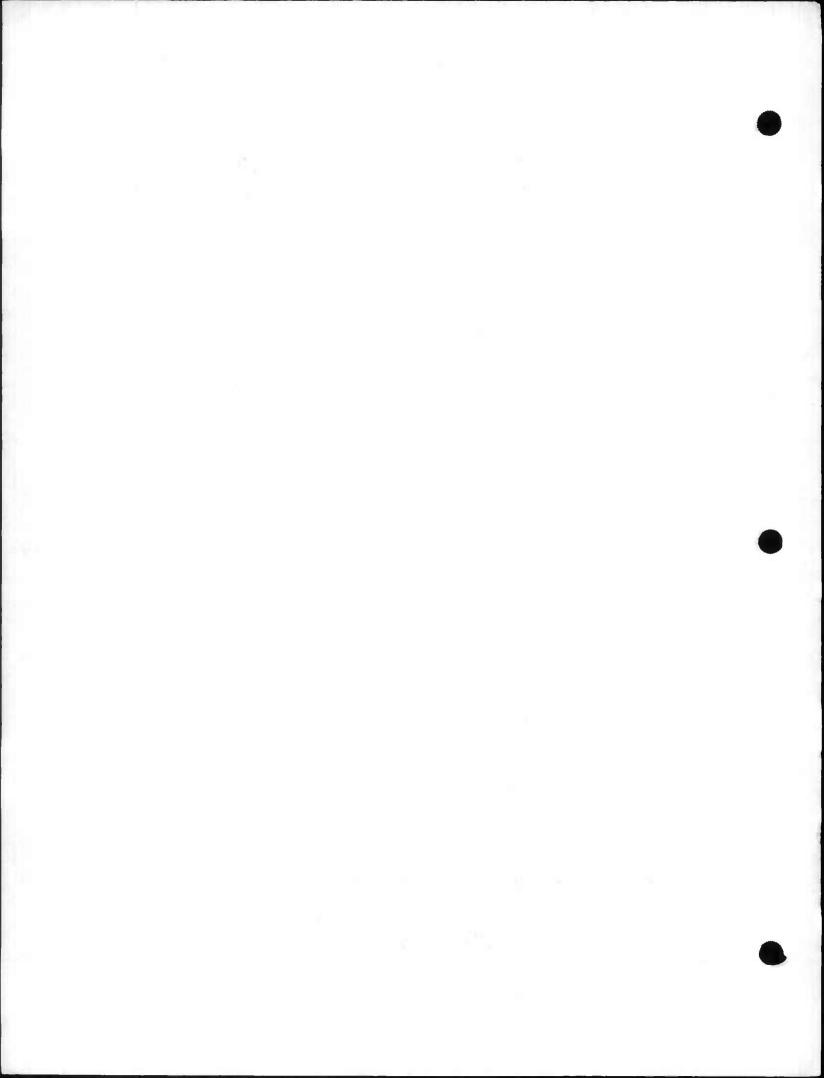
MBALTIMORE, MARYLAND 21215-0020 urs after death. Page 6 may be DIVISION OF VITAL RECORDS, P.O. BOX 68760, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

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HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within criours after death. Page 6 may be retained by the hospital or attending physician.	DIR	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
PITAL	RAL	226	
HOS	FUNE	within	-

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Midgle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH NOVAN 1809 IrainiA MAY 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS CARBONDALE, PA 1 M 2 K 184-58-2136 9a. FACILITY NAME (If not institution, give street and nu 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH North FUNERAL DIRECTOR rundel 105 LEN BUTNIE RESIDENCE OF DE 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL GLEN BURNIE 1 YES 2 K NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8178 GREAT BEND ROAD 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 12TH GRADE SALES RETAIL SALES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at JAMES PATRICK MORAN GERRY JONES 19e. INFORMANT'S NAME (Type/Print) GERALDINE MORAN GEORGE KILKER (BROTHER) MOTHER) ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
OWEN BROWN RD
COLUMBIA MD 21044
REAT BEND ROAD - GLEN BURNIE, MD 21061 2 e 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1 Donation 5 Other (Specify) PROSPECT HILLS CEMETERY 5/25 PECKVILLE, PA. examiner 21. SIGNATURE OF FIRMERAL SERVICE LIGHT 22. NAME AND ADDRESS OF FACILITY
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, medical Approximate shock, or haart failure. List only one cause on each line intarvai Between IMMEDIATE CAUSE (Final **Onset and Death** the state disease or condition resulting in death) gur shot Nourd event, DUE TO (OR AS A CONSEQUENCE OF traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO X 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one Item EXAMINER? HOSPITAL OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ne 5 - Rasidence 8 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, (Month, Day, Year) 5/2/96 1 Natural 5 Pending 5e15 715 1 YES 2 NO BY 2 Accident
3 Suicide
4 Homicide Investigation 28a. PLACE OF INJURY - At ho 28 is 8 Could not be determined COMPLETED med Hem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If II 2 WMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. DOGO MATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Deputy 7, res 0605 22 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print, 21035 111Am

31. DATE FILED (Morth, Day, Year)
MAY 2 9 1996

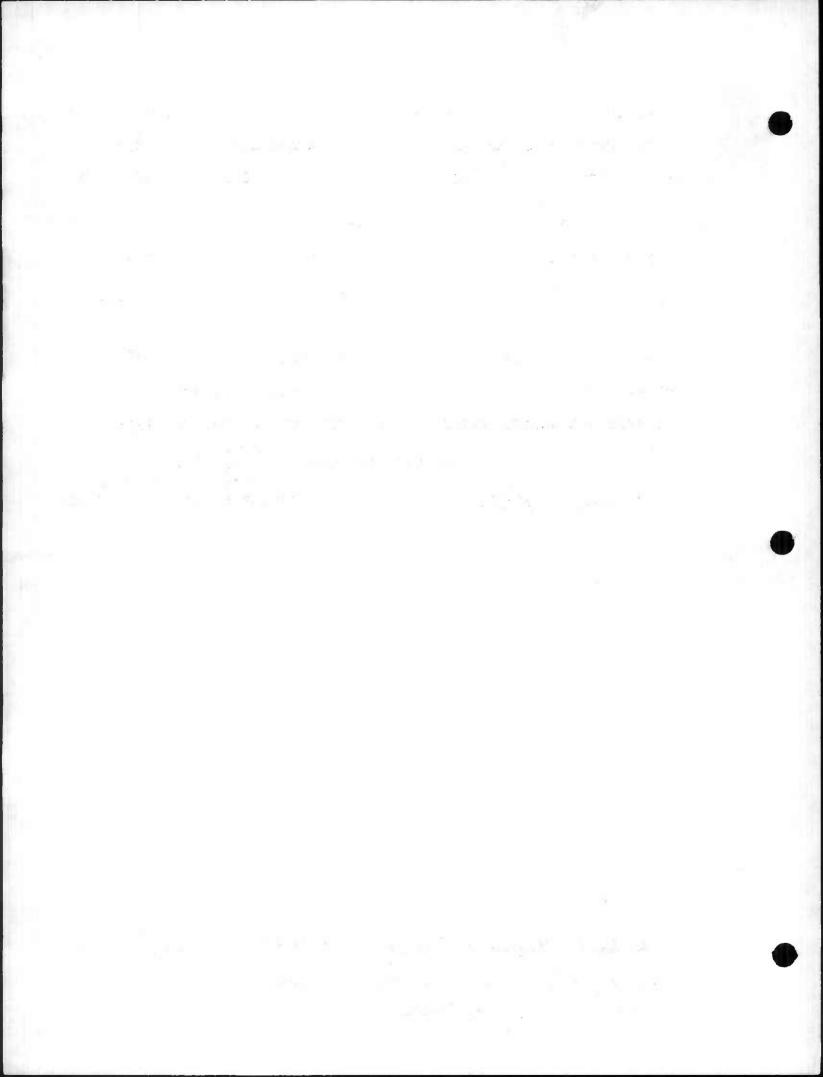


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State of Maryland / Department of Health and Mental Hygiene 96 | 15859

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Funeral		5. Social Security Number 6. Sex	7. Age	(In yrs. lest birth	day) If Under 1 Y	ear if Under 24 Hrs.			Birthpiece (Stete or Foreign Country)	
Director		265-32-6309 1□M Usual Residence of Decedent	1 2 🛣 F	4 Y	rs. Months D	Hours Min.	JAN 16,		GA GA	
ylen		10e. Stete 10b. County		10c. City, Town	or Location				10d. Inside City Limits	
the Maryler r 28a-f show	Director	MD N/A			BALTIMO	RE			1 Yes 2 No	
or 28	Sire	10e. Street end Number			10f. Zip Co	de	10g	Citizen of Whe	t Country?	
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72 hours after deeth with the Maryland natural, or items 23s or 28s, show steat Examinet must be notified at	by	1 ☐ Never Merried 2 ☐ Married 3 🛣 Widowed 4 ☐ Divorced	1 ☐ Yes 27 No If Yes, Give Yeer or Detes:	•	1□ Yes 2		,		BLACK	
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CENE		JOHNNIE MAE JONE	ES/DAUG	HTER 2	562 CEC	IL AVE B	ALTO, MI	21218	3	
F F F F F		20e. Method of Disposition		20b. Plece of I	Disposition (Neme of cremetory or other		Dete 200	c. Location - City	y or Town, Stete	
nemit. Pages 1 a Department of Hea reportant: If them: my Injury or othe files.		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	lovel from Stete		TIONAL		UNE 1	UDET	MD	
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Physician		snock, or neert tellure. List only one of	seuse on eech line	ð.					Interval Between Onset and Death	
/Medical		Immediate Cause (Final disease or condition	Cove	Ma	1-60	0 1:	5		5/20/96 -5/22/1	
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and like	a C	29e. Certifier 1 Certifying Physicia	an: To the best of	my knowledge,	deeth occurred et th	ne time, dete end plece,	end due to the caus	e(s) end manne	er as steted.	
To the Ho within 24 h To the For completely	edical	(Check only 2 Medical Examiner: one)	On the basis of e end menner stets	xaminetion end/	or investigetion, in	my opinion, deeth occur	red at the time, dete	end place, end	due to the cause(s)	
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		Dr. Aneda Yas	2006/4	Yagove	N.D.	N8678.	N	lay 27	16 1996	
	-	30. Neme end address of person who comp	leted ceuse of dea	eth (Item 23e) (T	ype, Print)			0	•	
		Oncology Centre	. 3A	Johns	Hopkins	N 8678. Hospital				
Sta	te	31. Date filed (Month, Day, Year)	32_Registrer	's Signeture						
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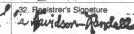
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State of Maryland / Department of Health and Mental Hygiene 96

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/Medical	ı !	Joann E. Melhorn							1	MAY 23 96 1			13:49	ĺ
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ate ate		15. Dece (Specify only his	ucation 16a.		16a. Dece	a. Decedent's Usuei Occupation (Give kind of work done during most of working				16b. Kind of B	usiness/In	dustry		
		Elementary/Secondery (0-1 7TH GRADE	College (1-4or 5+)			(Give kind of work done during most of work life. DO NOT use retired) CASHIER			RITE		AID			
raumetic event, trail		17. Fether's Neme (First, Mid JAMES G. HYAT		18. Mother's Name (First, Middle, Melden Surname) LELIA CAHALL						ne)				
Important: If them 27 is marked any injury or other traumatic e once.		19e. Informent's Neme/Relati LELIA EATON (, BOX 6				City or Town,			
or othe		20e. Method of Disposition 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece)							1		20c. Location - City or Town, State			
Injury	-	4 Donetion 5 Other (Specify) HILLTOP SERVICE CORP. 5/25/96 TOWSON												
de ou		HUBBARD FUNERAL HOME, INC.												
sician		230 Pert1. Enter the disease shock, or heart feilure.	, or comp List only o	lications that ca ne ceuse on ea	used the deep och line.) 2	1229 Approximete intervei Between Onset end Deeth	
edical miner	- 1	Immediete Cause (Finel diseese or condition resulting in deeth)		e. MU		RGAN	FAI	LURE					one day	
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an and inal-transit Examin		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	ſ	b. \$2	PSIS		• #2000						fmo doys	2
ang prysician and se as the bunal-transit		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury thet initieted events resulting in death) Last	{	b. \$2	PS IS		quence of):						two dogs	
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					Ce	rtificate of	Death		Reg. No.		
			1. Decedent's Neme (First, Middle, Li	ast)				2. Date of D Month	eeth	Vann	3. Time of Death
	Physic /Medi		Michael L.	Matuszev	vski j	r.		May	1 23	1996	KNOWKUN
	Exami		4a. Facility Nema (If not Institution, gi	ve street end number)			4b. City, Town	, or Location of Dea	th 4c. County	of Death	
			7654 Bay Drive				Pasade		Anne A		≥1
	Funeral Director		216-34-0529	Sax 7. Aga (In 1 № 2 □ F	yrs. last birthday, 58 Yrs.	Months Days		Hrs. 8. Dete of B Min. (Month, D April	irth lay, Year) 17, 1938	9. Birthp Coun Mar	leca (Steta or Foreign try) 'Yland
	and w.		Usual Residence of Decedent 10e. Stete 10b. County	100	c. City, Town or L	ocation				1	0d. inslda City Limits
	Se-f sho	ector	Maryland Anne A		Pasaden	a					1 ☐ Yes 2X No
	23a or 2	Funeral Director	10e. Street and Number 7654 Bay Drive			10f. Zip Coda 21122			10g. Citizen of United		
Maryland 21215-0020	72 hours effer death with the Maryland natural, or itema 23a or 28a-f show dies. Examiner must be notified at	by	11. Marital Status 1 2 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Detes:		Wes Decedent of Hif Yes, specify Cub 1 ☐ Yes 2 ☑ No	an, Maxican, P	? (Specify Yas or N Puarto Rican, etc.)		ck, White,	etc.
2-0	n 72 hours "natural", adical Exc	Completed	15. Decedent's E (Specify only highast gr	ducation ada completed)	16a. Dece	dant's Usuel Occup	petion during most of	workina .	16b. Kind of B	usiness/inc	lustry
2	-	mp.	Elementery/Secondery (0-12)	College (1-4or 5+)		kind of work done DO NOT use retire	d)				
N	her t		17. Father's Name (First, Middle, Las	4	Di	raftsman	40 Mathada	Name /Fina Asidati	Defens		
and	should be filed with nd Mental Hygiene. marked other than umatic event, tre	o Be	Michael L. Ma		r.			Neme (First, Middle rgaret Ani		ne)	
2	d 2 should b th and Menta 7 is marked traumatic or	2	19e. Informent's Neme/Reletionship	(Type, Print)	19b. Meill	ing Address (Street		or Rural Route Num		State Zin	Code)
	4 th 1 th 1 th 1 th 1 th 1 th 1 th 1 th		Mrs. Patricia Ta					Pasadena			,
a,	工工		20e. Mathod of Disposition	20		osition (Name of metory or other ple		Dete	20c. Location		wn, Stete
Ë	Peges nent of nt: If its iry or o		1 Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	Theiliovel itotil State		ss Cem. M		1996	Brook1s	n Pai	rk, Maryla
bailimore,	permit. Pege Depertment o important: If i any injury or once.		21. Signatural Funeral Servica Lica		K K	2. Nama end Addre irkley-Ru	ess of Fecility	Funeral H	ome		
_			23a. Pert1. Entar the disease, or con	ing.		- Book		S.E., Gle		, MD	21061 Approximata
,00700	certificate be executed to refing physician and muse es the burial-transit to the contraction of the contrac	Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseasa or Injury that Initiated events resulting in death) Lest	C	to (or as e consecto (or as e		vousli	n Dieen	el.		yens.
מס	leath certifica ettending pl for use es t	Physician/		d							
5.	that the de ad by the detached	ysi	Pert II. Other significant conditions of	contributing to death but not	t resulting in the u	inderlying cause gi	ven in Pert i.		_/		the cause of death?
_	thet the	by Pt	Myfile	new.				1	Yes 2 No	3 ☐ Prot	pably 4 ☐ Unknow
DIVISION OF VICE RECORDS,	lew requires that the death as been signed by the etter 2 should be detached for u	Completed b	Dirbel	er Wellite	· top	1 11		24e. Wa	s an autopsy formed?	COL	ore autopsy findings allable prior to impletion of cause deeth?
	0 - 0	E O			V			1□	Yes 2₺No	10	Yes 2□No
2 .	ysician: Th is certificata director, par	Be (25. Was case referred to medical examiner?				28. Plece of	Death (Check only	one)		
	S 00 0	2	1 Yes 2 No	Hospitel: 1 ☐ Inpatient	2 ER/Outpetie	nt 3□ DOA Ott	ner: 4 Nursi	ng Home 5 🖾 Res	idance 6 DOtt	er (Specify)
	or Attending Ph aftar death. Director: After th in by the funeral	Certification:	27. Menner of Deeth 1 ☑Natural 2 ☐ Accidant 5 ☐ Panding investigetio		28b. Time o Injury	Wo	ryat rk? ∣Yes 2 □ No		how injury occur	төд	
	or Att aftar d Direct d in by	Certifi	3 Sulcide 6 Could not be determined	28e. Place of Injury - building, etc. (Sp	At home, ferm, st pecify)	reet, fectory, office		28f. Location City or To	(Street and Numi own, Stata)	ber or Rura	l Route Number,
1		edical	29e. Certifier (Check only one) 1 Certifying Pr	nysician: To the best of my miner: On the basis of exar end mannar stated.	knowledge, deet nination and/or in	h occurred et the the vestigetion, in my control	ma, data end p opinion, deeth o	eleca, end due to the occurred et the time	causa(s) end m , deta end place,	enner as st end due to	eted. the cause(s)
(T O O	X	29b. Signatura and titla of certifier	. 1		29c. Licens			29d. Data signe		
1			Muly	- Buch		00	2170:	3	May 24	1, 199	36
	13		30. Neme and address of person who			•					
			Michael F. Garah 31. Dete filed (Month, Day, Year)			allwood F	Rd., Pa	sadena, M	aryland	21122	2
	St <i>a</i> Registr		MAY 2 9 1996	icha Parydon-Aa	ndell						

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Day **Physician** C. May 27 1996 Margaret McCosker 4:05 am /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** STELLA MARIS HOSPICE TOWSON BALTIMORE If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number Birthplace (Stata or Foraign Country) 6. Sex 7. Aga (In yrs. last birthday) **Funeral** 1 M X X F Months 215-01-2171 Yrs. 90 02-02-1906 Director MARYLAND Usual Rasidence of Decedant with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at MD. N/A BALTIMORE CITY XXYas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2206 **TELHAM** AVENUE 21213 U.S.A. Funeral deeth. 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar in U.S. 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) Armed Forces?
1 ☐ Yas X 2 No
If Yas, Giva
Yaar or Datas: pernit. Peges 1 and 2 should be filed within 72 hours efter Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or ite any injury or other treumatic event, the Medical Examina and XX Navar Married 2 Married Maryland 21215-0020 1 Yas No Specify: Specify: WHITE þ 3 Widowad 4 Divorced Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry uring most of working SOCIAL SECURITY Collaga (1-4or 5+)
YEARS Elamantary/Secondary (0-12) TECHNICAL RECORD EXAMINER **ADMINASTRATION** 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) HENRY McCOSKER NELLIE CAMPBELL 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) CATHERINE A.CRAIG (NIECE) 2206 TELHAM AVENUE, BALTIMORE, MD., 21213 Saltimore. 20a Method of Disposition

ABurial 2 Cramation 3 Ramoval from Stata 20b. Place of Disposition (Nama of cematary, cramatory or othar place) Data 20c. Location - City or Town, Stata NEW CATHEDRAL CEM. 5 - 31BALTO., MD., 21229 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensee HENRY W. JENKINS AND SONS COMPANY ut 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212 23a. Part1. Entar tha diseasa, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata Intarval Batwo Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Cerebrovascular Accident Examiner Dua to (or as a consequence of): Examiner physician end the burial-transit be executed Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury Dua to (or as a consequence of): Box 68760 Physician/Medical that initiated evants rasulting in death) Last Dua to (or as a consequanca of): USB 88 ettending 0 signed by the et P.O. Part It. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 42 Unknown Records, þ should 24b. Ware autopsy findings available prior to completion of ceuse of death? eted 24a. Was an autopsy performed? Comple hes pege 2 1 Yas 2 No certificate 1 ☐ Yas 2 ☐ No Division of Vital Be 25. Was cesa rafarred to medical 26. Piace of Death (Check only one) axaminar? Hospital: 2 Other: Amount of the Amount o 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral Data of Injury Month, Day Year) 27. Manner of Death Certification: 28b Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? After Attending 1 Natural 5 Pending death. 1 □ Yas 2 □ No invastigation 2 Accidant for Attend after death Director: / 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6 Could not be 3 Sulcida Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 2 4 Homicide To the Property
Within 24 hours
To the Funersi Di
completely filled in Cortifyin 29a, Certifian Physician: To the best of my knowledge, deeth occurred at tha tima, data and plece, end due to the cause(s) and manner as stated. Medicai 2 Medical Ex liber: On the basis of axaminetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) d manner statad. 29c. Licensia number 4 29b. Signatura and titla of certifiar 29d. Data signed (Month, Day, Year) 5 . 28 . 95 30. Nema and addrass of person who complated cause of death (Itam 23a) (Type, Print) Eddie Nakhuda, M.D. 2300 Dulaney Valley Road, Baltimore, Maryland 21204 31. Data filed (Month, Day, Year) Luka Savison-Randell State

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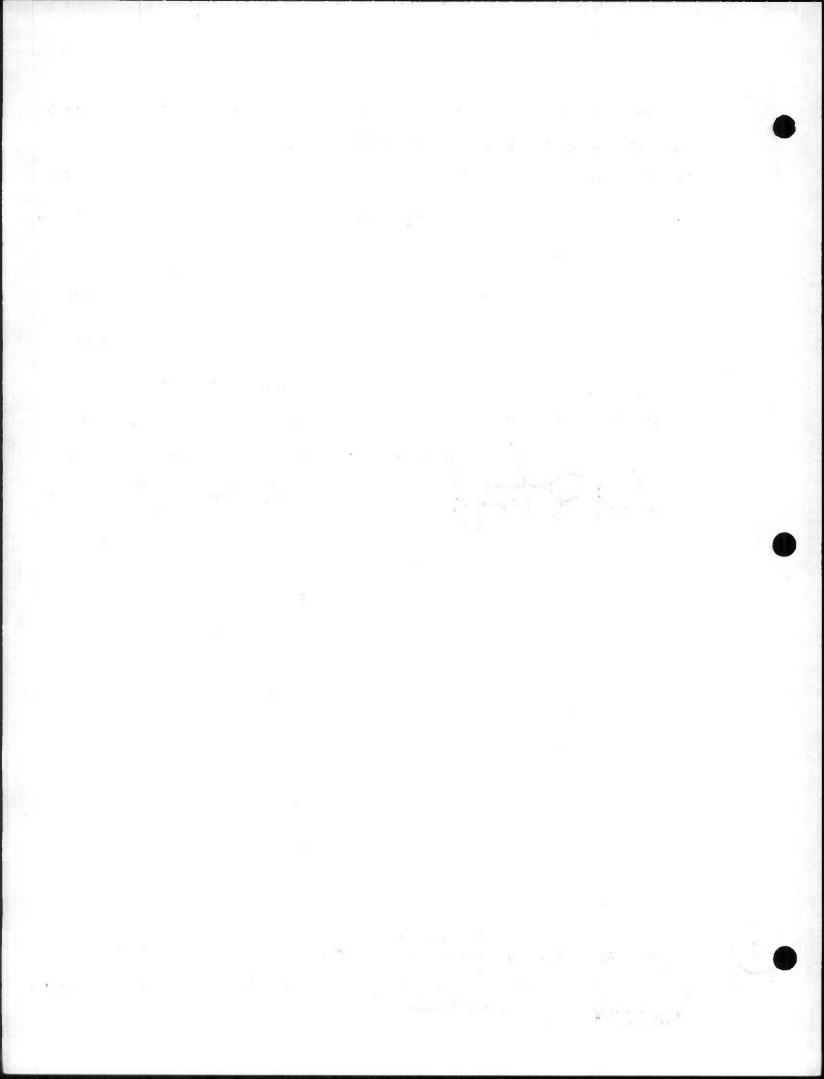
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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Year **Physician** MAY 24,1996 ANDRE MARTIN 00:20 MICHAEL /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 7. Aga (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs. 8. Data of Birth Months Days Hours Min. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sax Birthplaca (Stata or Foreign Country) **Funeral** 1₩ 2□F Yrs. Director 215-74-8143 39 MARYLAND Usual Rasidanca of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits I is marked other than "natural", or items 23s or 28s-f show traumatic event, the Med cal Examinar must be notified at 1 XYas 2 No Director BALTIMORE MARYLAND 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21231 234 HERRING COURT USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American indian, Black, Whita, atc. 1 Yas 2 No If Yas, Give Yaar or Datas: Nevar Married 2 ☐ Marriad Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 ☐ No Specify: BLACK þ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry permit. Peges 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if item 27 is marked other than "ready injury or other traumatic event, in a Med any injury or other traumatic event, in a Med Botte. UNIVERSITY OF MD Elamantary/Secondery (0-12) Collega (1-4or 5+) COOK HOSPITAL 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Be LORRAINE GRAVES JOHN H. MARTIN 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) 234 HERRING COURT BALTIMORE, MD 21231 LORRAINE MARTIN / MOTHER 20b. Placa of Disposition (Nama of 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata cematary, cramatory or other place) 1 Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify) 5-29 BALTIMORE CO, MD KING MEMORIAL PARK 22. Nama and Addrass of Facility NUTTER FUNERAL HOMES, INC 21. Signature of Funeral Service Lio 2501 GWYNNS FALLS PKWY BALTO., MD 21216 E 23a. Pant). Entar tha disaase, or complications that caused the shock, or haart failura. List only ona causa on aach line. death. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, Onsat and Death Physician /Medicai Immadieta Causa (Final a Aspiration Pneumonia 12 hours disaasa or conditior rasulting in daath) Examiner Examiner eft basal ganglia mass
Dua to (or as a consequence of): 3 months physician and the burial-transit Sequantially list conditions, if any, laading to Immadiata cause. Enter Undarlying Cause (Disaasa or injury that initiated avants rasulting In daath) Last Box 68760. Acquired Immunodeficiency Syndrome dijears certificate be Physician/Medical 950 ò Records, P.O. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the 1 Yee 2 No 3 Probably 4 Unknown ð 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of daath? Completed peen has 2.2 No 1 Yas 2 No certificata Division of Vital or Attanding Physician: Be 25. Was casa raferrad to medical axaminar? 26. Placa of Death (Check only ona) Hospital: 1 inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Medical Certification: To this 28a. Data of Injury (Month, Day Year) 27. Magnar of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After 1 Natural 5 Panding invastigation after deeth. Director: Aft 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) in by 4 Homicida 24 hours aft Funeral Di staly filled in Hospital 29a. Certifiar 12 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29c. Licansa numbar 29d. Data signad (Month, Day, Year) Internal Medicine Sherita a Stell, MD House staff

30. Nama and address of person who complated cause of deeth (Itan 23a) (Type, Print) M6279 May 24, 1996 Dr. Sherita A. Hill Tower 110 Doctor's Lounge Johns Hopkins Hospital Baltimore, MD 21287 31. Data filad (Month, Day, Year) 39-Registrar's Conaty eng. State MAY 29 1996



State of Maryland / Department of Health and Mental Hygiene 96

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						Ce	rtificate	of	Death			Reg. No.			
	1	I. Decedent's Neme (Firs	t, Middle, L	ast)					_	2.	Dete of De	eth	Vaar	3. Tir	ne of Death
/sician ledical	ı	Alice P			0	1stad				Ma	ay 22,	Dey 1996	Yeer	2:5	0am
aminer	4	e. Facility Neme (If not li	nstitution, gi	ive street end nun	nber)				4b. City, Town				of Deeth		
	ı	Collington	Life	care Cen	ter				Mitche	11vi	lle	Princ	e Ge	orge	3.3
l r	5	5. Sociel Security Number		Sex 1 □ M 2 1 (F	7. Age (In yrs. li 83	est birthdey) Yrs.	If Under 1 Months	Yeer Deys		Min.	Dete of Birt (Month, De)	h y, Year) 1912		plece (S ntry)	lete or Forei
	-	Usual Residence of Dece 10e. State 10b.	County		10- 04-	Town and									
5		2,222/	/ 10	e George		Town or Lo									de Clty Llmi Yes 2 ဩ√N
20	-	17U .	TITICE	e deorge	IAIT	rcueT	Lville	odo				10g. Citizen of	Affron Cour		X
Funeral Director		10450 Lott	sford	Rd.				072	1			US		ntry r	
þ		1. Meritei Stetus 1 Never Merried 2 3 Widowed 4 D	^	12. Was Dece Armed For 1 Yes If Yes, Giv Yeer or De	2 💢 No e		Wes Decede if Yes, specif 1 ☐ Yes 2	y Cub	lispanic Origin en, Mexican, P Specify:	? (Specifi Puerto Ric	y Yes or No- an, etc.)		ce - Americ ck, White,		
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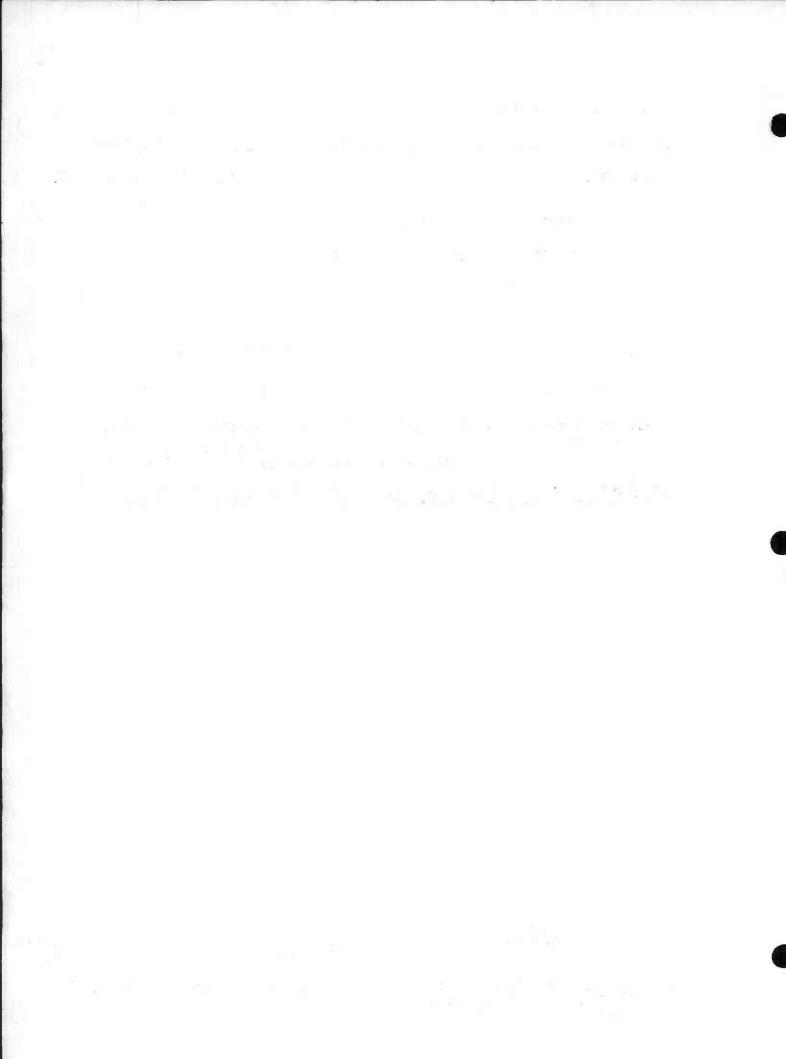
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30. Name and address of person who completed causa of deeth (Item 23a) (Type, Print)									2720	7		12	1196		
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CANDACE CHANDLER SOGGEDWIN RAYNOR BLVD YASADENA MD 2						5046	- EDU	UIN K	MYNO	4 61	-VD	INSM	PENA	, , ,	41122
State Registrar MAY 2 9 1996			MAY 2 9 1996	gunal	all della	Montecess			•						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 15867 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month BELLE -14-LIE 7:30PM PETERSON MAY 4e. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BACTUCE BITTH B. Date of Birth OCT. 1921 CENTER HARBOR HOSPITAL BAUTHORE If Under 1 Yeer 9. Birthplace (State or Foreign SOUTH CAROLINA 5. Social Security Number 7. Age (In yrs. last birthday) 1 M ANT Months Days 213 14 8945 74 Yrs. Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 1 NY Yes 2 □ No MD. N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2812 BOOKERT DRIVE 21225 U.S. OF A. 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ≦ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 1 Never Merried 2 Married 1☐ Yes 21 No Specify: Specify: BLACK 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) SCHOOL Elementary/Secondary (0-12) NO A (1-4or 5+) SCHOOL CROSSING GUARD BALTO.CITY PUBLIC 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) WILLIAM CARTER MAMIE EDWARDS 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MR. HAROLD PETERSON(SON) 2812 BOOKERT DRIVE BALTO., MD. 21225 20a. Method of Disposition 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 20b. Place of Disposition (Name of cemetery, cremetory or other place) 5/31/96 Date 20c. Location - City or Town, State BALTO OWINGS MILLS, MD. CO GARRISON FOREST VET. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee LFWIS T. 22. Neme end Address of Facility LEWIS T. GWYNN FUNERAL HOME 23a. Pent 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. BALTO , MD . Approximate Interval Between Onset end Death Immediete Cause (Final disease or condition resulting in death) ~12DAYS CEPEBRO VASCULAR ACCIDENT FIBRILLATI Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last ATTEROSCIEKOTIC CARDIOUASCULAR OIS DASE SOUDRALYEARS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated. 2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

Box 68760 P.O. Records, Division of Vital or Attending **Physician**

/Medical

Examiner

Funeral

Director

Hems 23s or 28s-f show ther must be notified at

1 and 2 should be filed within 72 hours after the lealth end Mental Hygiena. Em 27 is marked other than "natural", or its

permit. Peges 1 and 2 Department of Health er Important: If Item 27 Is eny Injury or other trau

Physician /Medical

Examiner

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Physician/Medical

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Completed

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Certification:

Medical

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

State Registrar

DHMH 16 Rev 6/95

31. Date filed (Month, Day, Year)

MARY JUDELINE

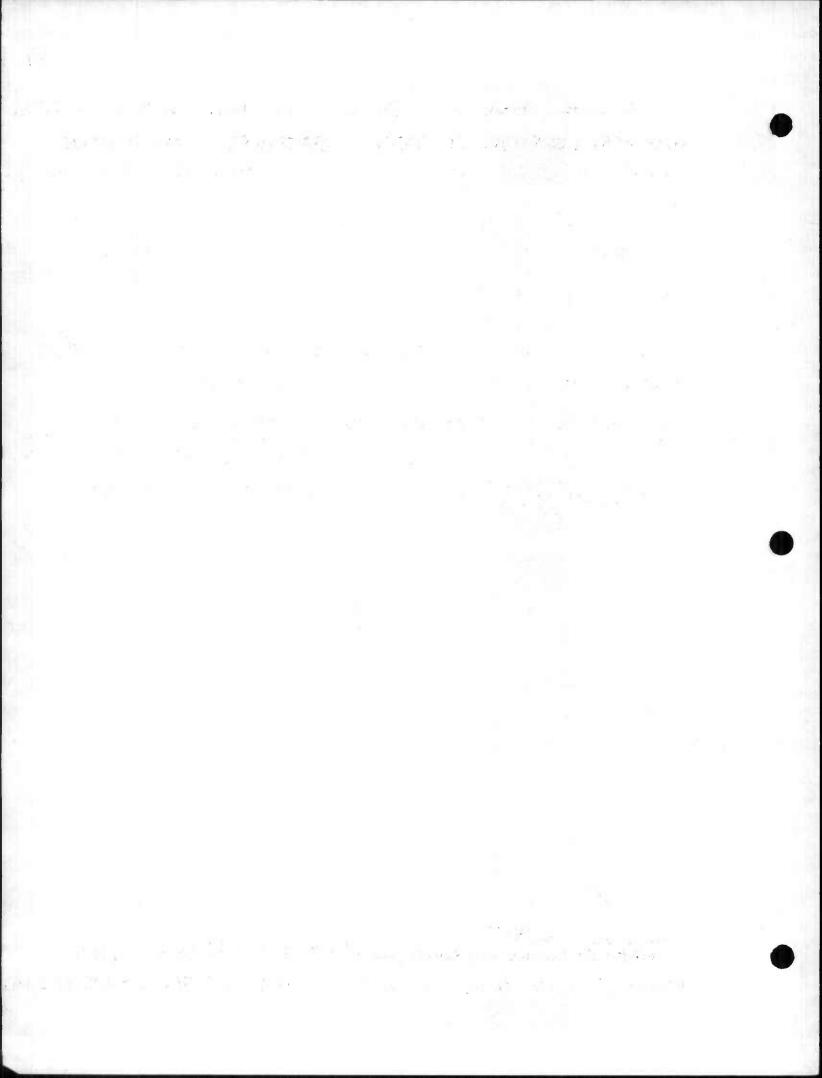
29b. Signeture end title of certifier

32. Registrer's Signeture

29c. License number

MARY JUDELINE MINGUITO M.D. AS2441614-22 MAY 26, 1996
30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) MINGUITO, M.O. HAPROR HOSPITAL CENTER BAUT. HO

29d. Dete signed (Month, Dey, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death ^{Dey} 1996 Month **Physician** William Annand Park 25, May 6:20pm /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Cheasapeake Health Care Arnold Anne Arundel If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) If Under 1 Year Birthpieca (Stete or Foreign Country) **Funeral** Deys Months 1 M 2 □ F 578-07-2887 85 Director Feb. 11, 1911 Washington DC Usuei Residence of Decedent 10e, Stete MD 10b. County 10c. City, Town or Location show 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Anne Arundel Churchton **Funeral Director** 1 ☐ Yes 2 XNo 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 1244 Ellicott Avenue 20733 USA permit. Pages 1 and 2 should be filed within 72 hours efter death v. Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Maddel Examiner mentance. 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indlen, Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Giva Year or Detes: 1 ☐ Never Merried 2XD@arried White 1 ☐ Yes 2 XNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Owner/Operater Contracting 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Sumeme) Be William Park Margaret Ritchie 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20733 Hallie May Park 1244 Ellicott Ave. Churchton, MD 20b. Piece of Disposition (Neme of cametery, cremetory or other piece) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from State 5/28 Baltimore, MD Metro Crematory 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Fuperal Service Lig 22. Name and Address of Facility Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 21401 Approximete Intervei Batween Onset end Deeth enter the mode of dylng, such es cardiec or respiretory errest, inter the distase, or complic or heart failure. List only one Physician immediete Ceusa (Finel disaese or condition resulting in deeth) ertine /Medical **Examiner** Due to (or es e consequença of): Physician/Medical Examiner attending physician and for use as the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initials are as a sequential of the control thet initieted events resulting in deeth) Lest Due to (or es e consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uee contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Onknown by 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 1 ☐ Yes 2 ☐ 1No 1 ☐ Yes 2 ☐ No 25. Was casa raferred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpetient 3 | DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Medical Certification: To 1 Yes 2 TUNG this funeral 27. Manner of Deeth 28e. Dete of fnjury (Month, Day Year) 28b Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Naturel 5 Pending investigation after death. Director: Af 1 ☐ Yes 2 ☐ No 2 Accident the 6 Could not be detarmined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Placa of Injury - At homa, ferm, street, factory, offica building, atc. (Specify) filled in by 4 Homicide 24 hours 29a. Cartifier 1 Certifying Physician: To the best of my knowledga, daath occurred et the time, dete end place, end due to the cause(s) end mennar es steted. (Check only one) 2 Medical Examiner: On the basis of examination end/or invastigetion, in my opinion, death occurred at the time, date and place, end due to the causa(s) end menner steted. within 2 To the 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture end titla of certifier Attending Doctor Colympe M1 D21684 of deeth (Item 23e) (Type, Print)
1620 CRAFN UNY GLBNBURN 13, MO21061. 30 Neme end eddrass of person who complated cause of deeth (Item 23e) (Type, Print) V.CTRIAC-M.D

State

Registrar

with the Meryland

Baltimore, Maryland 21215-0020

The law requires that the death certificate be executed

Box 68760.

P.0.

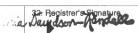
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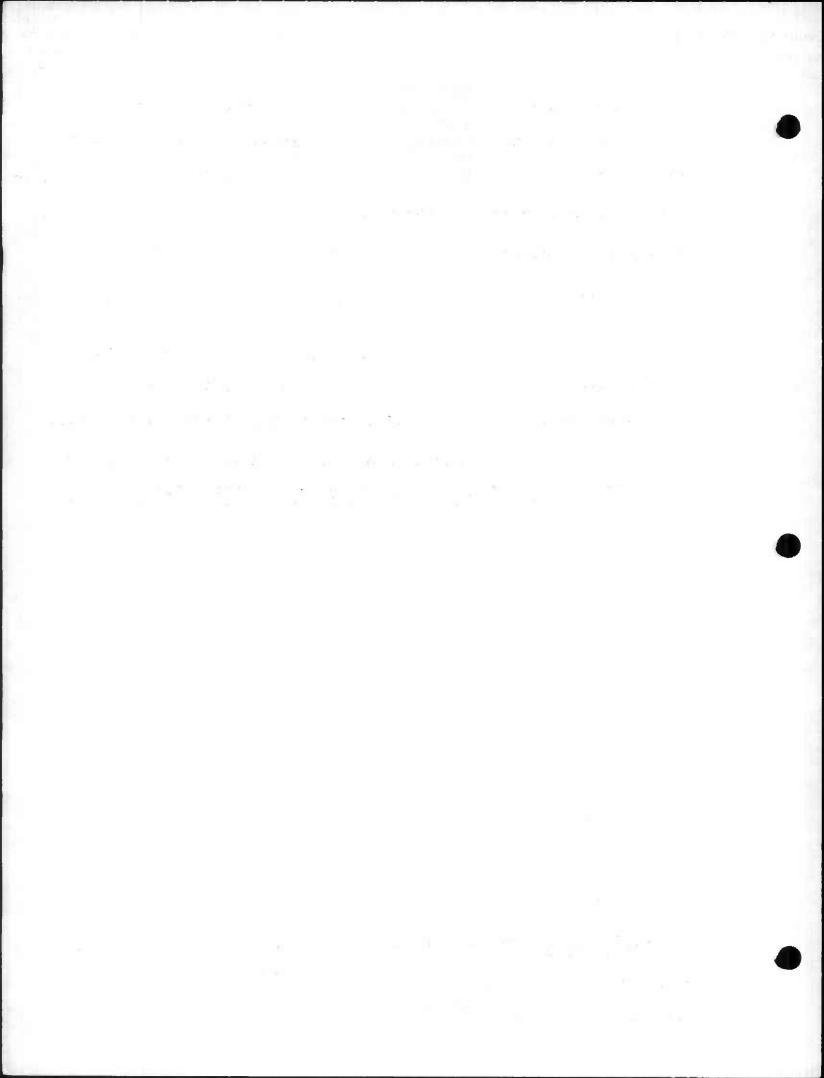
of Vital Physician:

Division or Attending

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31. Dete filed (Month, Day, Yeer) MAY 29 1996





	4.0-4-1-1-1					Certifi	cate of	Death	7	1 - 5 :	Reg. No.		
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miner	4e. Fecility Neme (If not institution									ocation of Dec			
	4019 BELLE G 5. Social Security Number	ROV 6. Sex			yrs. last bii	thetau) If	Under 1 Year	Balt	1mor	e 8. Dete of B			RUNDEL
ral tor	unknown		M 2XF				onths Deys			Nov . 2	Dav. Year)	New New	hplece (State or Foreig untry) Jersey
	Usual Residence of Decedent 10e. State 10b. County			100	. City, Tow	n or Locatio	n						10d. Inside City Limits
ģ	Maryland Anne	Aru	nde1		Balti	more							1 ☐ Yes 2 No
Director	10e. Street end Number 4019 Belle Gro	nve	Road			1	of. Zip Code 212	25			10g. Citizen of		untry?
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peted	15. Decedant (Specify only highes	's Educ	cation completed)		16e.	Decedant's	S Usuel Occu	petion e durina mo	st of wor	kina	16b. Kind of B	usiness/	Industry
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To Be			hn Ed	lgar	Foar	3					e Lorra		Bush
-	19e. Informent's Neme/Ralations			.9			dress (Stree	et and Numi			ber, City or Town		
ġ l	Fannie Sue Tu	rner	5		1	529 S	pruce	Stree	t	Baltimo	ore, Mar	y1an	d 21225
	20e. Method of Disposition				b. Plece o	Disposition	n (Name of ry or other pla			Dete	20c. Location		
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9000	21. Signature of Funeral Service	License Y Z	no '	2011	shi		me end Addr		,		Funeral timore,		
	23a Part1. Enter the disease, or shock, or heart failure. List	apmention	cations thet c	aused the	deeth. Do	not enter th	e mode of dy	ving, such e	s cerdia c	or respiretory	errest,		Approximete Interval Batween
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Je J							:001): CO1+O						
ai Examiner	Sequentially list conditions.	7 b)			consequence	9	~1>N	1			1	
	Sequentially list conditions, if eny, leading to Immediata cause. Enter Underlying Cause (Disease or Injury				- III.A							i	
dicai	thet initiated events resulting in death) Last	C		Due	to (or es e	consequence	e of):						
n/Med		ا ا	l										
leted by Physician/Medi	Pert ii. Other algnificant conditio	ns con	tributing to de	eath but no	resulting I	the under	ying ceuse g	jiven in Pert	18.		d tobacco use co	,	to the cause of death
by												T a.th. 1	After the Property of the Prop
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Completed										1	TIAL		of deeth?
	25 Mas sees relevant to medical										Tyes 2 □ No		1 ☐ Yes 2 ☐ No
To Be Compi	25. Was case referred to medical exeminer? 1 XYes 2 No	-	lospitel:	nneticat	2 □ ER/Oι	tnotiont 2	DOA O	ther		th (Check only	vone) sidence 6 □Oti	har /Ca-	0(6.4)
	27. Menner of Deeth		28e. Date (of Injury	28b. 1	ime of	28c. Inju		usanig M		now Injury occu	-	ony)
atio	1 Neturel 5 Pending		(Mont	th, Day Yes	17)	njury N		ork? ⊒Yes 2□] No				
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Medical Certifi			er: On the ba								e ceuse(s) and m a, data and place,		
Me	29b. Signatu f e and title of certifier	-						se number			29d. Dete sign	1 // 1	. D

To the Hospital or A within 24 hours after To the Funeral Directompletely filled in by

29c. License number 29d. Dete signed (Month, Day, Year)

nd eddress of person who complated ceusa of death (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 MAY 2 9 1996

MAY 23,1996

O.C.M.E.

State Registrar

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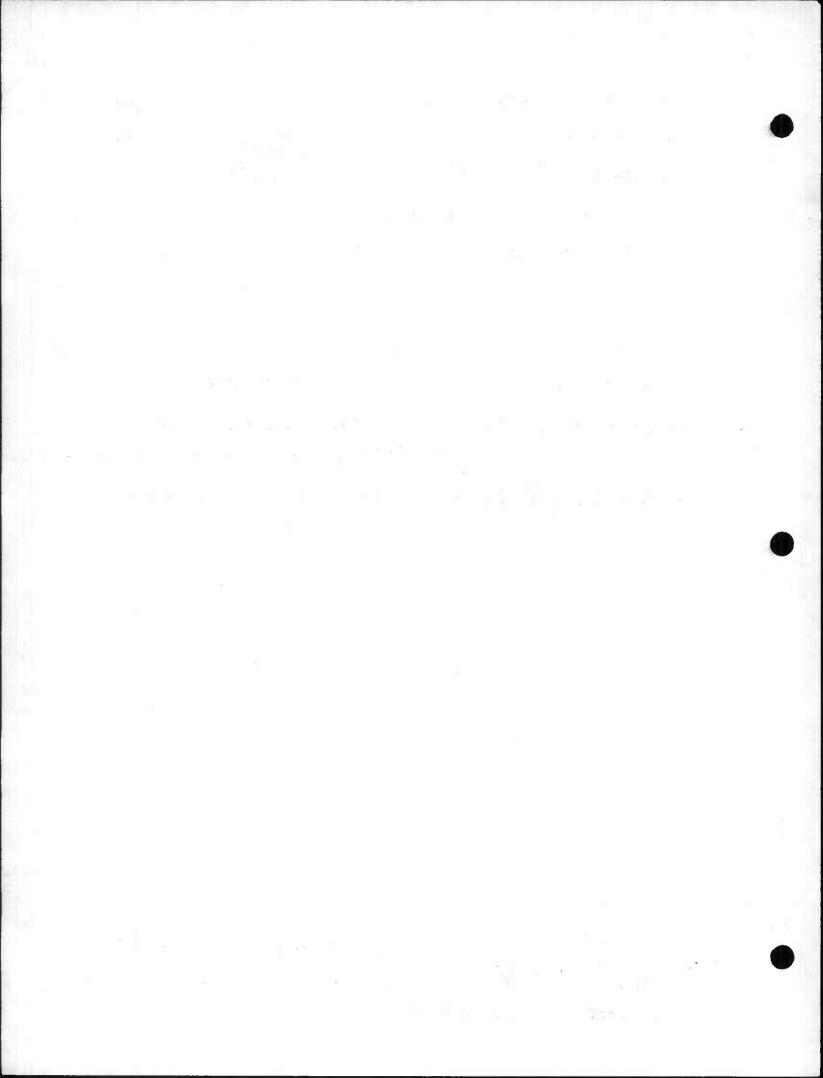
Amended item #2, g-736, 6/12/96emh per physician
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State of Maryland / Department of Health and Mental Hygiene Q 6

				State of N	naryland / De	epartment Certificate			nd N		giene (Reg. No.	96	5870
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	Exami		4e. Fecility Neme (If not institution, git 2809 WINDSOR	ve street and numbe AVE	7)		4	b. City, Tov BAL		ocation of Deeth		of Deeth	
	Funeral Director		5. Sociei Security Number 216-12-0183 Usuel Residence of Decedent	Sex 7./	Age (In yrs. lest birthe 77 Yr	Months	1 Year Deys	if Under 2 Houra	24 Hra. Min.	8. Dete of Bird (Month, Da 5 - 9 - 1	th V Year)	9. Birthpiec Gountry, GA	e (State or Foreign
	se Maryland	ctor	MD NA		10c. City, Town o							10d.	Inside City Limits
	h with the	al Dire	10e. Street end Number 2809 WINDSOR	AVENUE		10f. Zip					USA	Whet Country	?
020	72 hours after death with the Maryland natural; or items 23s or 28s-f show digs! Examiner must be notified at	by Funeral Director	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Deceder Armed Force 1 M Yes 2 I If Yes, Give Yeer or Detes	100 3/45 thru	13. Wea Deced If Yes, spec	ify Cuba	an, Mexican,	gin? (Sp Puerto	ecify Yes or No Rican, etc.)		ce - American ck, White, etc y: BLAC	
215-0	· · · · · · · · · · · · · · · · · · ·	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a. D	ecedent's Uaue Give kind of wor fe. DO NOT us	l Occup k done e retired	ation during most	of work	ing	16b. Kind of B	usiness/Indus	try
Maryland 21215-0020	tal Hygother event,	Be	Elementery/Secondery (0-12) 1 2 t h 17. Fether's Neme (First, Middle, Last JAMES STOVALL	College (1-4o	CL	ERK				e (First, Middle, JONES	POSTA Melden Surnen		VICE
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Baltimore,	807 -		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci	fy)	e GARA	F O	RES	ST VA		Dete /29/9	20c. Location		
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Box 68760,	the death certificate be assecuted y the ettending physician and sched for use as the burial-trensit	n/Medical Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseses or Injury that initiated events resulting in death) Last	C	Due to (or es e con Due to (or es e con Due to (or es e con	nsequence of):	V 9!	scinla	40	disc			
P.O.		Physician/Me	Part II. Other eignificant conditions	contributing to death	but not resulting In the	ne underlying ca	use giv	en In Perti.		23b. Did	1		ne cause of death?
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	pital or Attenurs after deat ral Director: filled in by the	Certifi	4 Homicide determined	289. Piece of I	njury - At home, ferm etc. <i>(Specify)</i>	, street, fectory	, offica			28f. Location (: City or Tox	Street and Numl vn, Stete)	ber or Rurai R	oute Number,
-	n 24 an	edical	29a. Certifier (Check only one) (Check only one) f ☑ Certifying Pt 2 ☐ Medical Example of the control of the	nysician: To the bes miner: On the basis end menner:	t of my knowledge, d of exeminetion end/o	eeth occurred e	t the tin	ne, dete end pinion, deet	d plece, h occur	and due to the red et the time,	cause(s) end me dete end plece,	enner es state end dua to th	id. e cause(s)
	dwoo	Me	29b. Signeture end title of centifier	P		100		e number	Ŝ		29d. Dete signe	d (Month, De)	
	6		30. Name and address of person who T. Ohiokpet.	completed cause of			to	HAT	y .5	the E	3914,1	no :	21215

Registrar

MAY 29 1996



Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certificate of	f Death	R	eg. No.		
	15.		1. Decedent's Neme (First, Middle, Last)					2. Dete of Dear	th	Q.000	3. Time of Death
	Physici /Medi		ELEANORE	Α.		SAY		Month MAY	25° 19	Year 996	11.58PM
	Examir		4e. Fecility Neme (If not institution, give s	street end number)			4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth	4.
			4705 Glenarm Ave.				Baltim	ore	N/A		
	Funeral		5. Social Security Number 6. Sex		yrs. last birt	Months Day	r If Under 24 Hrs.	8. Dete of Birth (Month, Dey			lece (Stete or Foreign
	Director		219-22-4276	M 2√F 68		rrs.		April 2	22,1928		yland
	and *		Usuel Residence of Decedent 10e. Stete 10b. County	100	. City. Town	or Location				.v 10	0d. Inside City Limits
	Aeryli f eho	ō	27/4								1 Yes 2 No
	the the tage	Director	Md. N/A	[Balt	imore 10f. Zip Code		1	0g. Citizen of W	That Count	
	with with		4705 Glenarm Ave			2120	36	1.	U.S.		.,,
	deeth deeth	Funeral		12. Was Decedent Ever	in U,S.	13. Wes Decedent of	Hispenic Orlgin? (Sc	ecify Yes or No-		- America	an indlen,
Baltimore, Maryland 21215-0020	filed within 72 hours after deeth with the Meryland hyglene. ther than "naturel", or terms 23a or 28a-f show int, the Medical Examiner must be notified at	by	1 Never Merried	Armed Forces? 1 ☐ Yes 2 점 No If Yes, Give Yeer or Detes:		If Yes, specify Cu	ban, Mexicen, Puerto	Rican, etc.)		k, White, e	
5-0	72 ho	Completed	15. Decedent's Educ (Specify only highest grade	cation	16a.	Decedent's Usuel Occi	upation	cina	16b. Kind of Bu	siness/Ind	ustry
2	ithin	npie	Elementery/Secondery (0-12)	College (1-4or 5+)		(Give kind of work don- life. DO NOT use retir	ed)	w/g			
2	se filed within all Hyglene. I other than 'vent, the Me	Co	12th	N/A		Secretary			Attorn		
and	S a S	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Nem		Maiden Surname	a)	
3	should be tand Mental I	10	Martin Gnacyk		1		Lena Ko				
Ma			19e. Informent's Neme/Relationship (Type Mr. Melvin J. Say	oe, Print)		Melling Address (Street 05 Glenarm					Code)
Φ	Heelth Heelth em 27 other tr		20e. Method of Disposition	20		Disposition (Neme of	nve. bare		20c. Location - (um State
Ö	nt of nt of nt of nt of		1 ☐ Buriel 2 ☐ Cremation 3 ☐ Re	emovel from Stete	cemeter	y, cremetory or other pi		E-921			
H	ortand Injury		4 □ Donetion 5 □ Other (Specify) 21. Signature of Funerel Service License		arden	s Of Faith 22. Name end Add		5/29	Baltin	lore,	Md.
Ba	permit. Peges 1 end 2 Department of Heelth i Important: if item 27 is any injury or other tra once.		21. Signature Political Service Electrise			Hartley	Miller Fu	neral Ho	ome		
			23a Piret Entermy disease or contril	cations that caused the	deeth Don		rford Rd.				Approximete
	Dhuoisian		23e. Part. Enter the disease, or complice shock, or heart failure. List only on	e cause on each line.	000tii. DOT	or enter the mode or of	ruig, sour es cerciac	or respiretory em	931,	1	Intervat Between Onset and Deeth
	Physician /Medical		Immediate Cause (Final	1	110-	200 00	1000			1.	2
	Examiner	16.	disease or condition resulting in deeth)		401	onsequence of);	rice				Lyears
		ner		Due	10 (01 65 6 0	onsequence or,				1	0
	eath certificete be executed ettending physician and for use as the bunel-transit	Examiner	Sequentially list conditions.	Due	to (or as e c	onsequence of):				1	
0	e exe		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying							į	
68760,	ete b hysic the b	Medical	Ceuse (Diseese or Injury thet Initieted events resulting In deeth) Last	Due	lo (or es e c	onsequence of):					
9 X	ing p	Mec									
Box	death ce	lan/	0.								
<u>.</u>	the deay the e	Physician/	Pert it. Other significant conditions cont	tributing to death but no	resulting in	the underlying cause g	iven in Pert t.	23b. Dtd to	bacco use con	tributs to	the cause of death?
P.0.	# × 50							1 □ Y	es akino	3 Prob	ebly 4 Unknown
of Vital Records,		d by			-			040 14/00 0	- 4.44	24h Wa	re autopsy findings
Ö	requires been sign should be	ete						24a. Wes a perform	ned?	ave	ellebte prior to
Re	ha ha	Completed									death?
a	ician: The k certificate ha rector, page		0.5 144					1 🗆 Ye	es 28 No	1 🗆	Yes 22 No
⋚		Be C	25. Was case referred to medical examiner?	ospitel:	- 57 - 51 - 51		thor	th (Check only on			
ō		1. To	1 ☐ Yes 2 ☐ No 11	1 ☐ Inpatient 28a. Dete of Injury	2 ER/Out 28b. T	patient 3L DOA	4 LI Nursing no	28d. Describe ho	ence 6 Othe)
Division	Attending in death.	tlor	1(☑Naturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Yea		jury W	ork? ⊒Yes 2 ⊒No		, , ,		
18	or Attendent efter deat Director: I in by the	150	3 ☐ Suicide 6 ☐ Could not be	28e. Plece of Injury -	At home, fer	m, street, fectory, office	•	28f. Location (St		or or Rural	Route Number,
ă	of or of or	Certification:	4 Homicide	building, etc. (Sp	oecify)			City or Town	n, Stete)		
	poptal hours inerel y filled	-	29e. Certifier Certifying Physi	clan: To the bast of my	knowledge,	deeth occurred et the	time, date end plece,	end due to the co	euse(s) end mar	ner as st	eted.
1	24. E. S. B. B. B. B. B. B. B. B. B. B. B. B. B.	edicai	(Check only	er: On the basts of exar end menner steted.	ninetion end	/or investigation, in my	opinion, deeth occur	red et the time, d	ete end plece, a	nd due to	the cause(s)
1	To the To the comp	Σ	29b. Signature and title of carriller				nse number		9d. Date signed		
			1 and I lead	à hos		03	09 29		5/2	8/9	6
	10		30. Nation and eddress of person who cor	npleted cause of deeth	(ttem 23a) (Type, Print)	709 29 T, BAC		14		
	10		PAUL CELAND, K	W 6569	Ni	Charles	14 BAC	may	m Z	2120	9
	CAN	4	31. Dete filed (Month, Dev. Year)	a 29 RAMISTRALE S	ignoture		/				/

DHMH 16 Rev 6/95

Registrar MAY 29 1996

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	1 - REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
	1. DECEMBENT'S NAME (First, Middle Last) GEORGE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	SCH	AEFFER FUNDER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DAY AV 2 5-1 7. DATE OF BIRTH	3. TIME OF DEATH M 6. BIRTHPLACE (State or Foreign
			ONTHS DAYS HOURS MIN.	(Month, Day, Year) Feb. 22, 191	Country)
FOR	90. FACILITY NAME (If not institution, give street and number) Maryland Manor Nursing Hom		Glen Burnie	ATN 9c. C	COUNTY OF DEATH nne Arundel
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION		10d. INSIDE CITY
	Maryland Anne Arundel	Gle	n Burnie		LIMITS? 1 ☐ YES 2 😾 NO
FUNERAL	100. STREET AND NUMBER 7575 E. Howard Road		101. ZIP CODE 21060	10g.	CITIZEN OF WHAT COUNTRY? U.S.A.
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 Merried IF YES, GIVE WAR OR World War	S 2 NO DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 YES 2 NO Specify	n, Puerto Ricen, etc.)	- 14. RACE — American Indien, Black, White, etc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e, DECEDENT'S US	SUAL OCCUPATION k done during most of working	16b. KIND OF BUSINESS	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Inte. Do NOT use n	retired.)	D 0	6. 5
OME	6th 17. FATHER'S NAME (First, Middle, Last)	Inspect		REVER C	opper & Brass
BE C	Adolph Sefc	ik		ie Dobru	re)
10	190. INFORMANT'S NAME (Type/Print) Mary K. Schaeffer	19b, MAILING AC	ooness (Street and Number or Rural Foucester Drive		
		Db. PLACE AND DATE OF			e, Maryland 21061
	1 M Buriel 2 Cremation 3 Removal from State CG 4 Donetion 5 Other (Specify)	metery crematory or other Cedar Hill	Cemetery	1 4 =	more, Maryland
	21. SIGNATURE OF FUNERAL-SERVICE LICENSINE	ie	22. NAME AND ADDRESS OF FAM George J. Gond 4001 Ritchie	ce Funeral Ho	ome P.A.
	23. PART I. Enter the diseases, or complications that cause	ed the death. Do not			
	ahock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)	NARY		DISE	
NOI	Sequentially list conditions, If smy, leading to immediate	SCLERO A CONSEQUENCE OF:			DISEASE 84 FAR
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury	ROVA	SCULAR	THROME	30SUS SYGAR
CERTIFICATION	that initiated eventa resulting in death) LAST	A CONSEQUENCE OF:	IE HEAR	TFAILL	IRF I MONT
EDICAL (PART II. Other significant conditions contributing to deeth	but not resulting in t	the underlying cause given in	Part I. 24e. WAS AN AUTOP PERFORMED? 1 - YES 2 Y NO	AVAILABLE PRIOR TO
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE (OF DEATH YES	□ NO □ UNCERTAIN		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATN ((Check only one)		
YSI	1 YES 2 NO 1 Inpetient 2 ER/Ou	tpetlent 3 DOA 4	Nursing Noma 5 Reeldence	8 Other (Specify)	
	27. MANNER OF DEATN 1 Natural 5 Pending 28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. OEŞCRIBE HOW INJURY	OCCURED
р ВҮ	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJUR	Y — At home, farm, stre	1 123 2 NO	281. LOCATION (Street and Nun	nber or Rural Route Number,
E	4 Nomicide datarmined	BUILY)		City or Town, State)	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my known one) 2 MEDICAL EXAMINER: On the best of examinetic manners.				
8	296. SIGNATURE AND INTEROF OFFI IFIER ATTE	NDINGPI	HYSI COAN D	BE 4160 29d.	PATE SIGNED (Month, Day, Mag)
10	PO, MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE HARJET SINGH M.D., SH	10-AR	TCHIEHIG	HWAYBA	LTIMORE NO-21225
	MAY 2 9 1996 July 1 2 2 1996	WHITE .			

BALTIMORE, MARYLAND 21215-002

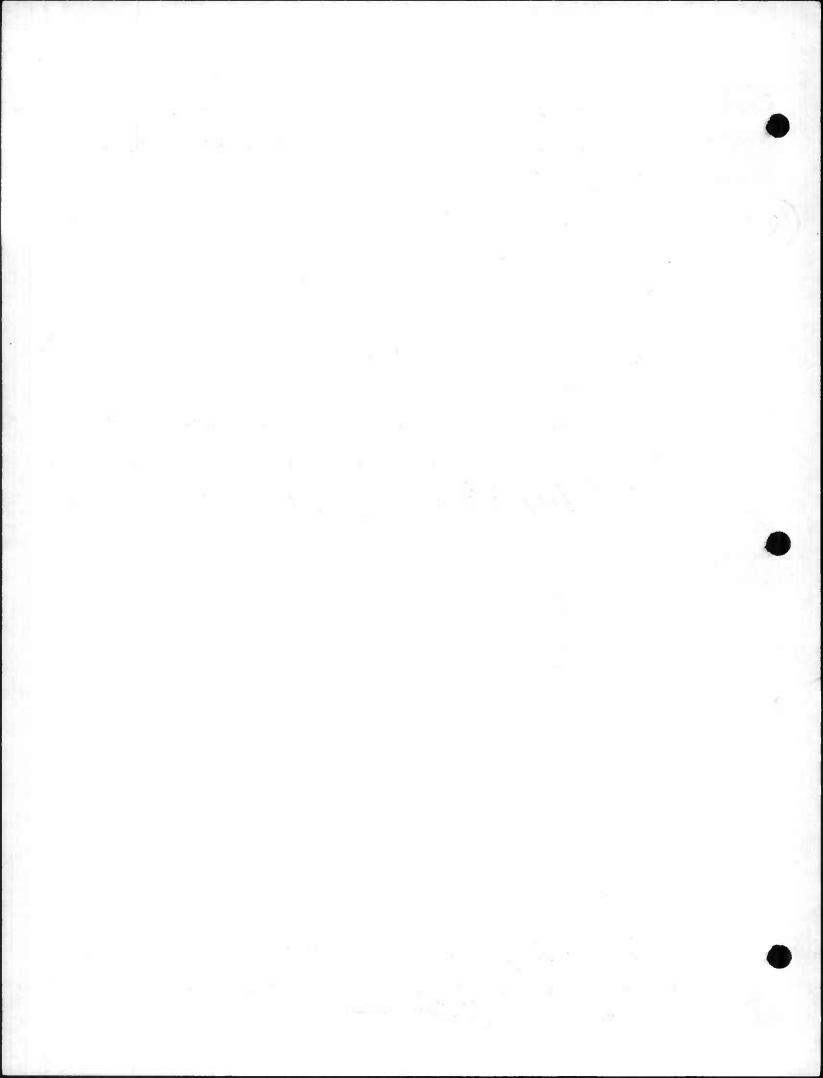
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the tental be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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State of Maryland / Department of Health and Mental Hygiene 96

					Cert	ificate o	f Dear	th		Reg. N	0.			
		1. Decedent's Neme (First, Middle, La	st)						2. Dete of De	eeth			3. Time of D	Deeth
Physic		RANDUL	DH SC	OTT					Month	7		Yeer 916	6:75	- PM
/Medi Exami		4e. Fecility Neme (If not institution, give	-				4b. City.	Town, or L	ocation of Deel	-	c. County o		0.51	17-1
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		5. Social Security Number 6. S		e (In yrs. lest bir		If Under 1 Ye		der 24 Hrs.		rth	DAL	O Birtho	ace (Stete or	Foreign
Funeral Director			G		Yrs.	Months De	ys Hour	's Min.	8. Dete of Bi (Month, D	ey, Year)	Coun	vland	r oreign
Biredior		Usuel Residence of Decedent											,	
No. 10		10a. State 10b. County		10c. City, Tow	n or Loca	ation						10	Od. Inside City	Limits
0 4 53	ţ	maryland Na		Baltin	nore								1 XYes 2	2 □ No
1 2 2	Director	10e. Street end Number				10f. Zip Code	Э			10g. C	itizen of Wi	het Coun	try?	1
23a o		718 N. Milton	Avenue			212	0.5			US	A			
ar death v Nems 23a	Funeral	11. Meritel Stetus	12. Wes Decedent	Ever In U,S.	13. We			Orlgin? (Sp	ecify Yes or No Rican, etc.)		14. Race			
O		1 € Never Merried 2 Married	Armed Forces? 1 X Yes 2 ☐ I	No					Rican, etc.)		Bleck	, White,	etc.	
21215-002(d within 72 hours at piene. then "natural", or then "natural", or then "net Medical Exam	by	3 ☐ Widowed 4 ☐ Divorcad	If Yes, Give Yeer or Detes:	1975	11	Yes 2XIN	lo Spec	ify:			Specify:	B1	ack	
5-0 72 70 fical	Completed	15. Decedent's Ed	lucation	16a.	Decede	nt's Usuel Occ	cupetion			16b_t	PARTM	iness/Ind	lustry	
F 5 5	ple	(Specify only highest gre Elementery/Secondery (0-12)	College (1-4or 5	5+1		nd of work do NOT use ret	-	lost of work	ing	DCP	JUDI-		II ama	
Man and and and and and and and and and a	NO.	12		l.	Secr	etary				res	sourc	es	Servi	ces
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arylar thould b ad Menta merked merked	10	Alonzo Scoti	-				E	tnel	Perry	7				
		19e. Informent'e Neme/Reletionship (Type, Print)	19b	. Meiling	Address (Stre	et end Nur	n <i>ber or Rur</i>	re/ Route Numi	er, City	or Town, S	Stete, Zip	Code)	
在型料上		Vanessa Scott	Siste	r 2	515	Ashla	ind A	ve.	Balto). N	id. 2	2120	5	
Ore, a		20e. Method of Disposition	150	20b. Plece of	Disposit	tion (Neme of story or other p	olece)		Dete	20c. L	ocation - C	City or To	wn, Stete	
Page enti-		1 ☑ Rurial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetlon 5 ☐ Other (Specification)						et.	5/28/9	6 0)wing	gs id	ills,	iid.
haltimore, mit. Pages 1 as speriment of Hea sportant: If item by injury or other ide.		21. Signeture of Funerel Service Lives	1111	1	22.1	Neme end Add	dress of Fe	cility						
0 50118		> 81/7 dl	2110 8	n .	Ur	ITY F	UNER	AL H	OME 10	W 80	. NOR	THA	VE.	1
		23e. Pert1. Enter the disease, or com	olications that caused	the deeth. Do i	not enter	the mode of o	ving, such	es cardiac	or respiretory		Lto.	ma.	2120	
Physician	313	23e. Pert1. Enter the diseese, or companies shock, or heert feilure. List only	one cause on each	ie.			,		,	,		į	Approximete Intervel Betwee Onset and De	een eath
/Medical		Immediete Cause (Finel	0		,							į		
Examiner		disease or condition resulting in deeth)	е	aspira1			mani	a				-10	ine do	14
2	9			Due to (or es e	conseque	ence of):						1	two de	,
bett.	듵		b	SEIZUR		, ,						11	wo do	ays
of Vital Records, P.O. Box 68760, Physician: The lew requires thet the death certificate be executed this certificate has been signed by the attending physician and arid director, page 2 should be detached for use as the burial-transit.	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events		Due to (or es e			,	_				1		
68760, ficate be ex physician		Ceuse (Diseese or injury thet initieted events	c	acquir	ed	Immu	ne de	ticier	rcy Sy	nde	ome	1	noe ye	ars.
687 tifficate g physi	edical	resulting In deeth) Last		Due to (or es a c	onseque	irica orj.								
OX 6	M		d											
that the death or ned by the attend detached for us	Physician/	Pert II. Other significant conditions of	natributing to death b	ut not reculting in	s the und	lorhing sauss	chion la Ba	vet I	23h Did	toheno	0 4400 00Dt	ribute to	the cause of	do eth?
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cords, v requires t	P								24e. Wes	en euto	ppsy	24b. We	re eutopsy fin	dings
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I Re The lev ete has	Completed									60.10	1		leath?	
Vital I									10		No	1	Yes 2□N	0
Division of Vital Records, P.O or a Attending Physician: The lew requires that the after deeth. Director: After this certificate has been signed by the funeral director, page 2 should be detached in by the funeral director, page 2 should be detached.	Be c	25. Wes case referred to medical exeminer?	Hospitel:				Whor.		h (Check only					
Phys raidi	. To	1 ☐ Yes 20 No 27. Menner of Deeth	1) Inpatie		tpetlent Fime of	3L DOA	***		me 5 Res 28d. Describe)	
On ding in Affer funer	Certification:	1 Neturel 5 ☐ Pending	28e. Dete of Inju (Month, De	y Year) 200. I	njury	28c. In V	Vork? ☐ Yes 2		200. Describe	now inju	ny occurre	o .		
Vision Attending or deeth. ector: After	cat	2 Accident investigation 3 Suicide 6 Could not be		44 hama 4a					28f. Location	(Ctract o	and Alicenter	a or Own	Doute Numb	
Division Amarena after din by	Ŧ	4 ☐ Homicide determined	28e. Plece of Inju- building, etc	c. (Specify)	rm, stree	it, rectory, our	20		City or To	wn, Stef	(e)	o nura	HOUSE NUMBER	91,
pital pris prasi filled	ŏ	29a. Certifier 1X Certifying Phy	relation. To the beat	ef ann ban and a dan	de elle e		W							
Hos 24 hc Fun	edical		velcian: To the best of liner: On the basis of end menner ste	exemination en	d/or inve	stigetion, in m	y opinion, o	ena piece, leeth occur	end due to the red et the time,	date en	s) and men id piece, er	ner as st	eted. the cause(s)	
DIVI To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	Mec	20h Signature and title of contiller				29c. Lice	nse numb	er		29d. Da	ete signed	(Month. I	Dev. Year)	
F3F8		30. Name and address of person who of the filed (Month, Day, Year) MAY 29 19	0	110			610	7.1			W 7	1 12	601	
ファ		Sordon 1 7	enny 1	-(1)			1112	178			lay C	1,19	76	
		30. Name and address of person who o	completed cause of d	eeth (Item 23e) (Type, Pr	rint)		. 92		,			71	1287
		31. Dete filed (Month, Day, Year)	TOWER	110, R	HUS	HOPICTI	US 1/0	SPITA	de	ua	FE S	1, 154	CTIMURE	MN
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Registr	aı	MIAI 60 13	00											



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Marvland / Department of Health and Mental Hygiene 15874 State of Maryland / Department of Health and Mental Hygiene

	Decedent's Name (First, Middle, L.	not)	Certi	ficate of	Deall	1	Reg. No.		The office
ysician	ED ITH M.	STURGILL				2. Date of De Month	Day	Year	3. Time of Death
Medical					4b. City, Town, or L	MAG		996	1.1010
kaminer	4a. Feclity Name (If not institution, gi								
	Northwest Hosp.		-4 6 3 46 -4 - 3 T	f Under 1 Year	Randallst			timore	
ector	216-62-4521	Sex 1□M 2XF 7. Age (In yrs. la.		fonths Days	Hours Min.	8. Date of Bir (Month, Da Apr. 2	y, Year) 6,1920	9. Birthplac Country Marry	e (State or Foreigr Land
	Usual Residence of Decedent 10s. State 10b. County	10c City	Town or Locat	ion				tines	Inside City Limits
or sea		2000 P						100	1 ☐ Yes 2 D(No
atth ect	Md. Carro	ill ti	nksbur	A			107112437575742		
by Funeral Dir	The Market Committee of the Committee of			10f. Zip Code	2002/27	1	10g. Citizen of 1	VO III	,
100	3233 Murray Road	The state of the s	1.00 00		048			SA	h. dha
by Funeral Director	11. Marital Status 1 □ Never Married 2 □ Married 3XXWidowed 4 □ Divorced	12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2∑ No If Yes, Give Year or Dates:	11 11 11 11 11	Yes 2 (A)	fispanic Origin? (Sp an, Mexican, Puerto Specify:	Rican, etc.)	Specify	e-American ck, White, etc "White	
Be Completed	15. Decedent's E	ducation	16a. Deceden	rs Usual Occup	pation	out.	16b. Kind of B	usiness/Indus	try
ple	(Specify only highest gr Elementary/Secondary (0-12)	ede completed) College (1-4or 5+)	life. DO	d of work done NOT use retire	ostion during most of world)	ong			
E O	12	Company (1 min str)	Hon	nemaker			Own h	ome	
9	17. Father's Name (First, Middle, Las	O .			18. Mother's Nam	e (First, Middle,	Maiden Suman	ne)	
ToB	Charles V. Can	eu			Ida M.	Henry			
-	19a. Informant's Name/Relationship		19b. Mailing	Address (Street	and Number or Ru	ral Route Numbe	ur, City or Town	State, Zip Co	ide)
	Robert F. Talbert	Jr. / Son	4704 1	Butler 1	Road G	Lyndon,	Md. 2	1071	
	20a. Method of Disposition	and the second section is a second section of the s		on (Name of ony or other pla	and the second s	Date	20c. Location	City or Town	State
	1 XBurial 2 □Cremation 3 I	JHemovai irom State	59	Same of the	102	05.07	D. 1. 4		11.1
	4 □ Donation 5 □ Other (Speci 21. Signature of Funeral Service Lice	Ortic	ce Cem	ETCLY ame and Addre		25-96	Reiste	rstown	, ма.
SUCE.	2. Springer Paris and Service Co.	8 1 -	22.14	ame and Addre	11	824 Rei			
	Jams 83	X line			eral Home		terstow	CONTRACTOR OF THE PROPERTY.	
	23s. Part1. Enter the disease, or con shock, or heart failure. List only	replications that caused the death, one cause on each line.	Do not enter t	he mode of dyir	ng, such as cardiac	or respiratory as	rest,	As	proximate terval Between
30			A					0	neet and Death
al er	Immediate Cause (Final disease or condition	COI	D					3	, years
	resulting in death)	Due to (or a	as a conseque	nae of):				-	,
i e		h						1	
Examiner	Sequentially list conditions,	Due to (or a	as a consequer	nce of):					
E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events							*	
edical	that initiated events resulting in death) Last	Due to (or a	is a consequer	ice of):				10	
-	A STATE OF THE STA							1	
25		d.						-1	
SICE	Part II. Other significant conditions	contributing to death but not result	ing in the unde	rlying cause giv	ven in Part I.	23b. Did	tobacco use co	ntribute to th	e cause of death?
Physician/N	COIF .	040		257		185	Yes 2 No	3 Probab	ly 4 Unknow
by F	- WF 1	AU				10:50:	70.TV - ET-CETTE		A PARK TIC
leted by	COLUTIO	500000				24a, Was	an autopsy rmed?	availa	autopsy findings ble prior to
Completed	- welle	200818				perio	- Contract	comp of dea	etion of cause th?
E						101	es 2 No	1 🗆 Y	/
	25. Was case referred to medical				26. Place of Dear			****	
o Be	examiner?	Hospital: 1 Inpatient 205	D/Outrestiess	3D DOA OIL	- Annual Control of the Control of t	and the control of th		es (France)	
-	27. Mapner of Death	26a. Date of Injury 2	R/Outpatient 8b. Time of	alli DOA	4LI Nursing Ho	ome 5 ☐ Resident 28d. Describe I	dence 6 LJOth how injury occur		
Hon	Matural 5 Pending	(Month, Day Year)	Injury	M 100	rk? Yes 2 □ No	District Control	and season	100	
Certification:	3 ☐ Suicide 6 ☐ Could not b		a farm atrest	3777	A. M. M. M. M. M. M. M. M. M. M. M. M. M.	28f Location /	Street and Nurnt	nar or Pornal D	ocata Niverboor
ŧ	4 ☐ Homicide determined	28e. Place of Injury - At hom building, etc. (Specify)	o, ram, sneet,	nactory, onice		City or Tox		ner ov: murait M	von rumber,
	20a Cartillar No. 1114	hundalan Ta Harbard A	idea de d		- 44		7/20 10	0.00	
edical	(Check only 2 Medical Exa	hysician: To the best of my knowle miner: On the basis of examination	edge, death oc n and/or invest	curred at the tir ligation, in my o	me, date and place, pinion, death occur	and due to the red at the time,	cause(s) and mi date and place,	anner as state and due to the	d. e cause(s)
Med	ora)	and manner stated.		29c. Licens					
-	29b. Signature and fittle of certifier	: 2 LD				_	29d. Date signe	G (MONIN, IJA)	100
	1 July	~ ~0		L	LOTOP (may	23,	1996
K	30. Name and address of person who		(Type, Pri	nt)	(1 ₄ -1141) (2-0.411)	1-			
	1 41	IMPERIOR	The same of		A [[]]	77			

State Registrar

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o=28	369-510				State of M	arylan		ırtment∉ <i>tificate</i>	,	lealth and N Death	fental Hy	giene S	6	15875
	Physic			e (First, Middle, Las ER SAMU		ED.		·)	36		2. Dete of Do Month	Dey	Year	3. Time of Death
	/Medi Examii		4a. Fecility Neme (i	If not institution, give	street end number	r)		1,63		4b. City, Town, or L				2236 PM
	Funeral Director		5. Sociel Security N 2 1 8 - 8 6 - 4 Usuel Residence of	1.929	ex 7. A	ge (In yrs.	last birthday) Yrs.	If Under 1 Months D	Yeer	If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, D	rth ey, Year) 6, 197(lece (Stete or Foreign try)
	the Meryland 28a-f show nothing all	tor	10e. Stete	10b. County		10c. City	y, Town or Lo						10	0d. Inside City Limits
	th with the 23a or 28a	al Director	10e. Street end Nu				DALIC	10f. Zip Co				10g. Citizen of		•
020	efter dea or Items	by Funeral	11. Meritel Stetus	ied 2 Married	12. Wes Deceden Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes:	? (No			t of H	dispenic Origin? (Sp an, Mexican, Puerto Specify:	ecity Yes or N Ricen, etc.)	010	ce - America ck, White, o	eic.
21215-0020	77 50 14 15	Completed	(Special Speci		cation de completed) College (1-4or	5+)	(Give	ent's Usuel C kind of work of OO NOT use i	done	during most of work	ing	16b. Kind of B		
Maryland 2	Mentel Hygarked othe	To Be C	17. Fether's Neme SYLVEST	(First, Middle, Last)	5				Street	18. Mother's Nem GARNAT end Number or Rur	OR_SN	, Meiden Sumer	ne)	
Baltimore, Ma	ges 1 and 2 and 2 and 2 and 2 and 2 and 2 and 2 and 27 is or other trau		GARNATO 20e. Method of Disp Buriel 2	R SNIDER	Removel from State	9	2339 Plece of Disposemetery, crem	ELME sition (Neme netory or othe	L Y of er ple	AVE BA		D 2121 20c. Location	3 City or To	
Balti	permit. Peg Department Important: If any Injury o		23a. Part 1. Enter ti	he diseese, or com	dicetions thet cause	ed the death	1	Neme end A	Addre	ess of Fecility bet CAROLIN	ts fur E ST E	neral h	ome	1213
	Physician /Medical Examiner	er	shock, or hee Immediate Cause (disease or conditio resulting in death)	(Finel	eGUNSH	OT W		OF CH						Intervei Between Onset end Death
ox 68760,	deeth certificate be executed e ettending physician end of for use es the buriel-transit	VMedical Examiner	Sequentielly list co if eny, leeding to in cause. Enter Unde Ceuse (Diseese or that initiated events resulting in death) I		b		r es e consequ							
, P.O. Box	the y th	by Physician/M	Part II. Other signif	icant conditions of	ontributing to death	but not resu	ulting in the ur	derlying ceus	se giv	ven in Pert I.		tobecco use co		the cause of death?
Records,	The lew requires that ate hes been signed by page 2 should be dete	Completed b									perf	s en eutopsy ormed?	cor	ere eutopsy findings eilable prior to mpletion of ceuse deeth?
of Vital	ysician: is certific director,	To Be Co	25. Wes case reference exeminer? 1 Yes 2 □		Hospitel: 1 ☐ Inpat	ient 2.16	ER/Outpetlen	a 3□ DOA	Oth	26. Plece of Deat ner: 4 ☐ Nursing Ho	h (Check only	Yes 2□No one) idenca 6□Oth		XYes 2□No
Division of V	or Attending after death. Director: After in by the fune	Certification:	27. Manner of Deett 1 Natural 2 Accident 3 Sulcide AMHomicide	h 5 Pending Investigation 6 Could not be determined	28e. Plece of in	96 t	28b. Time of Injury 2nk 2me, ferm, strey) ALLF	PM eet, fectory, o		Yes 🏋 No ST	JBJECT 28f. Location City or To	(Street and Numi	ber or Rura LTIM (DRE, MD.
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai	one)	Medical Exam	reician: To the best iner: On the bests of end manner s	of examinet	wiedge, deeth	occurred et t	the tir	ne, dete end plece, pinion, deeth occur	end due to the	ceuse(s) end m , date end pleca,	enner es st end due to	eted. the ceuse(s)
	To the within 2 To the comple	M	29b. Signeture and	elepete.	Me fkw	Q		C		e number]	29d. Date signe		
			30. Neme end eddre	ess of person who	ompleted fause of	deeth (Item	23e) (Type, I	Print)						

PENN Street, Baltimore, Maryland 21201

State Registrar

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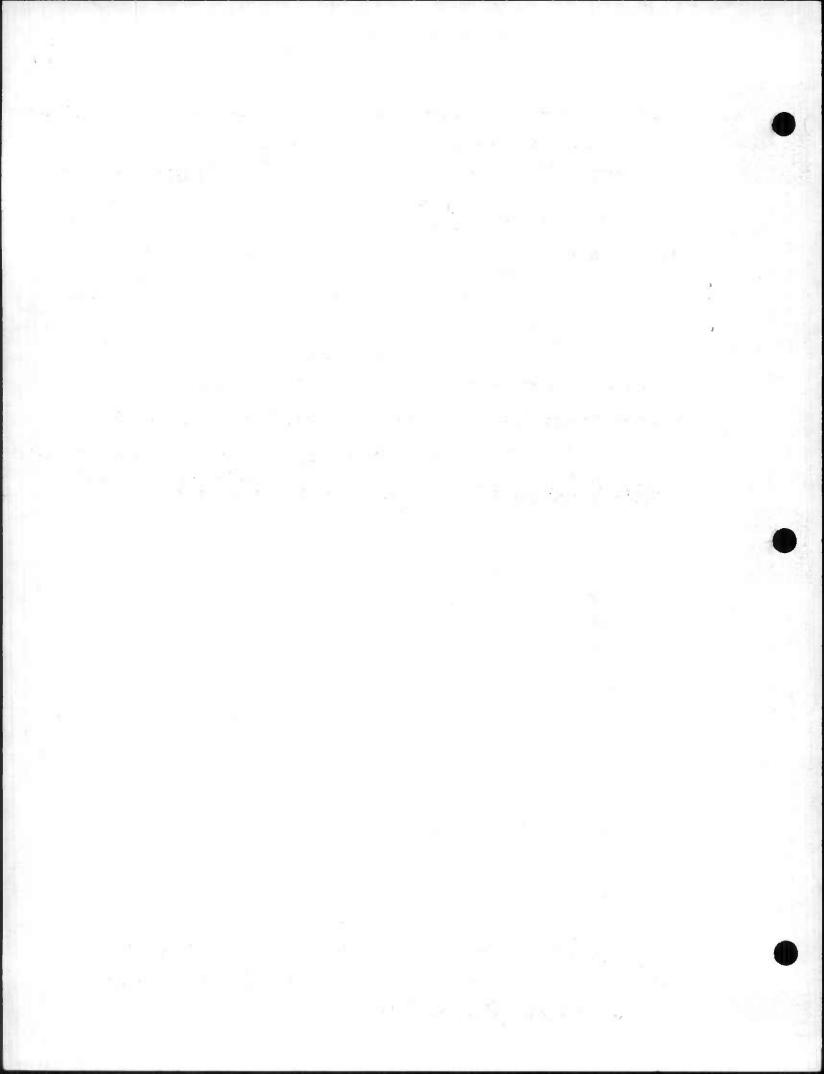
State of Maryland / Department of Health and Mental Hygiene 96

			State of Maryland / Department of Healt Certificate of Dea		1,000	ene 96	15876					
	Physici		Decedent'a Name (First, Middle, Last) Madeline Sophia Stacey		Date of Deeth Month Iay 25	Day 1996 Ye	3. Time of Death 3:15 P					
	/Medio Examir			ity, Town, or Locati en Burn	tion of Death	4c. County of D	Arundel					
	Funeral Director			Jndar 24 Hrs. 8. ours Min.	Dete of Birth (Month, Dey, York) b 26 1	9. 1908	Birthplaca (Steta or Foreign Country) Pa.					
Baltimore, Maryland 21215-0020	Maryland a-f ahow of sd at	Funeral Director	Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Odenton				10d. Inside City Limits 1 □ Yes 2 No					
	h with the		10e. Street end Number 10f. Zip Code 21113		10g	. Citizen of What	Country? JSA					
	72 hours after death with the Maryland netural; or items 23s or 28s-f show dreal Examiner must be notified at	þ	11. Maritel Status 12. Was Decedent Evar in U,S. Armed Forcas? 1 Nevar Married 2 Married 1 Yas 2 No If Yas, Giva Yeer or Dates: 13. Was Decedent of Hispanic If Yas, specify Cuban, Max 1 Yas 2 No If Yas, Giva Yeer or Dates:	nic Origin? (Specify axican, Puarto Ric pecify:	an, atc.)	Specify:	Amarican Indian, Vhite, etc.					
	within ene. then	Completed	15. Decedent's Education (Specify only highast grada completed) Elementary/Secondery (0-12) 7th 16a. Decedent's Usuel Occupation (Give kind of work done during life. DO NOT use retired) Housewife	7 most of working	16	b. Kind of Busine						
	should be filed and Mental Hygin marked other matic event, it	To Be C	17. Fether's Nama (First, Middle, Last) 18. M	18. Mothar's Name (First, Middle, Meiden Sumeme) Ella McGee								
	1 and 2 should I Health and Men em 27 is marke other traumatic		19a. Informent's Name/Relationship (Type, Print) ROMa Ferguson 19b. Mailing Address (Street end No. 510 JoAnn Dri									
	Part L		20a. Mathod of Disposition ★□ Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donation 5 □ Other (Specify) 20b. Plece of Disposition (Nema of cematery, crematory or other pleca) Pine Lawn Nationa	/	29/96	c. Location - City N.Y.						
Ball	permit. Pag Department Important: it any Injury o		21. Signature of Funeral Service Coerisee 22. Neme and Address of Financies ty Fin	uneral	Home, F	P.A., 1						
	Physician /Medical Examiner	91	23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one ceuse on each line. Immediate Causa (Finet disease or condition resulting in death) a. Due to (or as a consequence of):	ch as cardiac or re	espiretory arrest		Approximate Interval Between Onsat end Death					
68760,	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be detached for use as the burial-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted evants resulting in death) Last b. Due to (or as e consequence of): Multiplication of the consequence of the consequ	D ~	s e-7	• 0	4/96					
S. Box	that tha death certified by the attending detached for use a	Physician/M	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in P	Pert I.	23b. Did toba	ecco use contrib	oute to the cause of death?					
s, P.O.	es that thighed by 1	Be Completed by Phy	Maragenie Dlorden		1 2 Yes 2 No 3 Probably 4 Unknown							
Records,	e law requires that has been signed t ge 2 should be det		Inducting Folky Cortheten		24a. Was en e performe		4b. Were autopsy findings available prior to completion of cause of deeth?					
Vital F	E ag		axaminer/	Place of Deeth (C	1 ☐ Yes	2 1 No	1 Yas 2 No					
Division of V		tion: To	1 ☐ Yas 2 ☐ Mo Pospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 16 27. Manner of Death 1 ☐ Mostural 5 ☐ Pending (Month, Dey Year) 28b. Time of Injury Work?	4 Le Nursing Homa 5 Li Hasidance 8 Li Other (Specify)								
	or Attending after death. I Director: After of in by the fune	Certification:	3 Suicida 4 Homicida 6 Could not be determined 28e. Piaca of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)									
-	To the violents or Attending Phenin 24 pour after death. To completely filled in by the funeral	edicai	29a. Certifier (Check only one) 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date end placa, end due to the ceuse(a) end menner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end manner stated.									
	P P P P P P P P P P P P P P P P P P P	Σ	29b. Signature and title of certifier 29c. Licansa numb 3 / 3) 4 4	29d.	Date signed (M	Sonth, Dey, Year)					
13	Sta	te	30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 4.5 a	Cra.	m 7	some,	, Su. To 26					
	Registr		MAY 29 1996	_								

State of Maryland / Department of Health and Mental Hygiene 96

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						Certific	cate of	Death			Reg. No.				
			1. Decedent's Nama (First, Middla, La	st)						2. Data of De	ath	Sec. U.	3. Time of Death		
	Physic		CLYDE Merryman TENNYSON				Tr			Month IAY 21,	1996	Year	9:15 A.M.		
	/Medi Exami		4a. Facility Nama (If not institution, giv	-	MNIDON	, OI.		4b. City, To		ation of Death		ty of Death	1 J. 13 A. 11.		
	EAGIIII		THE JOHNS HOPK	TNS HOSPIT	'AT.			BALTI	MORE	CITY	Bal	timor	re ·		
-	Funeral		5. Social Security Number 6. S	Sax 7. Age	a (In yrs. last bir		Indar 1 Yaar	If Undar		8. Data of Bir (Month, Da			placa (Stata or Foraign		
П	Director		213-05-6375	ØM 2□F 75		Yrs. Mor	nths Days	Hours	Min.	(Month, Da Dec. 20	y, Year) . 1920		yland		
	D	Funeral Director	Usuel Residence of Decedant				1		10				7 2 3 3 3		
	how		10a. Stata 10b. County	, ,	10c. City, Tow							1	10d. Insida City Limits		
	e Me		Pennsylvania Yo	ork Co.	Cross	Roads							1 √Yas 2 No		
	th th		10e. Street and Number								10g. Citizan of		ntry?		
	be filed within 72 hours efter deeth with the Meryland itel Hyglene. diother than "natural", or Nems 23s or 28s-f show event, the Medical Examiner must be notified at		7056 Church Road				1	17322			USA				
	99		11. Marital Status	12. Was Dacedent E	Evar in U,S.	13. Was D	ecedant of H	lispanic Orl	gin? (Spec	cify Yas or No lican, atc.)	- 14. Ra	ce - Amari			
0	or le		1 ☐ Nevar Married 2 Married	1 XYas 2 1	944 to		as 2 XNo			trouri, a.c.,	Speci	T.7	hite		
20	ours	1 by	3 Widowed 4 Divorced	Armed Forcas? 1 XYas 2 1 If Yas, Giva 1 Yaar or Datas:	1946		20 212110	Openy.			Speci	ıy:	TIL CC		
5-	72 h	Completed	15. Decedant's Ed (Specify only highest gra	ducation		Decedant's	Usual Occup	oation during mos	t of workin	na	16b. Kind of E	3usinass/In	dustry		
2	vithin Ne.	E E	Elementary/Secondery (0-12)	0.001							Steel	el Manufacturing			
7	ygle		12		0:	rrice	Manage					271.			
an S	be filed itel Hygi d other event, t	Be	17. Fathar's Nama (First, Middla, Last)		20					(First, Middle, Va Nors	Maidan Suma	me)			
3	2 should be filed within end Mentel Hyglene. Is marked other than aumatic event, the Ma	2	Clyde Merryman Te												
Maryland 21215-0020	permit. Peges 1 and 2 should be Deportment of Health and Mente Important: If term 27 is marked any Infury or other traumatic en 900.00.		19a. Informant's Name/Ralationship (-				itural Routa Number, City or Town, Stata, Zip Coda) OSS Roads, Pa. 17322					
	and lealth m 27 her t		Bernice W. Tennyso	on/wire				Noau,	CLOS						
0	Peges nent of H		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐	Ramoval from Stata		y, cramatory	or othar plac		į,	Data	20c. Location				
E	men men		4 □ Donation 5 □ Othar (Spacifi		Round		Cemete		1	25/96			, Pa. 1732		
Baltimore,	Dependent mport		21 Sanature of Funarel Sarvion Licen	1000									lary, Inc.		
Ш	20599		W. a week	a solrik		19 8	. Mair	n St.,	, Ste	wartst	own, Pa	. 173	63		
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that can sed	tha daath. Do r	not enter tha	moda of dylr	ng, such as	cardiac or	raspiratory a	rrast,	1	Approximete Intarvai Batween		
	Physician		and of the street tenders. Elst only	0.0								1	Onsat and Death		
	/Medical		Immediata Causa (Final diseasa or condition										24 hours.		
	Examiner		resulting in death) Dua to (or as a consequenca of):												
	D #	Examiner	_	h. Seesis								i	24 hours		
	certificate be executed nding physician and use as the buriel-transit		Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or injury that initialed events Dua to (or as a consequence of): Cerebral Vascular accident Dua to (or as a consequence of):												
ő	lan curiel											1,	one month.		
68760,	hysic the b	edical	that initiated evants rasulting in death) Last Dua to (or as a consequence of):												
9	Die o	2													
Box	v requires that the death or been signed by the attend should be detached for us	Physician/	_	d.								1			
-	The lew requires that the death ate been signed by the atterpage 2 should be deteched for t	sic	Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.							23b. Did tobacco use contribute to the cause of death?					
P.0.	at the	Phy	Binswanger's disease, being postite hyperfraphy							10	bably 4 Unknown				
Ś	es the	Completed by	and bases down hoby												
orc	equir sen s		conth acte.	itemosi's							an autopsy med?	av	ara autopsy findings allable prior to		
ec		ple	Corbital at tem stends 13										of daath?		
<u> </u>	The ate h	Be Com								10	Yas 2 No	1 [□Yas 2□No		
a	Physician: The this certificate al director, pag		25. Was casa referred to medical axaminar?					26. Piece	of Deeth	(Check only o	nne)				
2	Attending Physician: or deeth. octor: After this certific by the funeral director,	To	1 Yas 2 No	Hospital: 1 Inpatia	nt 2 ER/Ou	tpatient 3E	DOA Oth	nar: 4 Nu	irsing Hom	na 5 🗆 Rasio	dence 6 🗆 Ot	her (Speci	(y)		
0	e Ph		27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injur (Month, Day	y 26b. 1	ima of	28c. tnjur Wor	y at	2	6d. Dascribe I	now Injury occu	rred			
Ö	eth.	atic	2 ☐ Accident invastigation		, , , ,	М									
Division of Vital Records,	or Attendi effer deeth Director: A	tifle	3 ☐ Sulcida 6 ☐ Could not be datarmined	28a. Placa of Inju	iry - At homa, fe	rm, straat, fa	m, straat, factory, offica 28f. Location			8f. Location (S	on (Street and Number or Rural Routa Number,				
ō	o e e e e e e e e e e e e e e e e e e e	Certification:	4 Homicida building, atc. (Specify)							City or Town, Stata)					
	To the Hospital or Attending Physician: The lew within 24 hours effer deeth. To the Funeral Director: Affer this certificate hes completely filled in by the funeral director, page 2		29a. Certifiar 1 Certifying Ph	ysician: To the best o	f my knowledga	, daath occu	rred at tha tin	ne, date an	d place, a	nd dua to the	ceusa(s) and m	nannar as s	stated.		
	he H in 24 he Fi plete	edical	one)	niner: On the basis of and mannar sta	axaminetion and ted.	a/or invastige	ation, in my o	pinion, dea	th occurre	d at tha tima,	data and place	, and dua t	o tha causa(s)		
	To the within 2 To the comple	ž	29b. Signatura and titla of certifiar				29c. Licans	-			29d. Data sign	ed (Month,	Day, Year)		
			El I	- MD			NZS	28			May 3	21,19	96		
			30. Nama and addrass of person who	completed cause of de	eth (ttem 23e) (Type, Print)									
			Karl Hon MI), Tower	110,	Johns	Hopk	is Ho	=pth	. Balt	more	MIS			
	Sta		31. Data filad (Month, Day, Yaar)	32. Degistra	r's Signatura	2 1 10	•								
	Registr	ar	MAY 2 9 19	996 Julie	O IMPORTANT OF	uroall									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

15878

			Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death											3. Time of Death
	Physic			HN	THOMA	AS					Month MAY	Dey 25	Year 1996	am
	/Medi Exami		4a. Facility Name (If not Instit						4b. City, To	wn, or Loc	cation of Dea		y of Death	5:00
	ZAGIII		2529 Ashton S	treet					Balt	imore	2			
	within 72 hours effer deeth with the Meryland [Inna.] Jian and a contraint of tame 23a or 28-1 show than the Medical Examinet must be notified at the Medical Examinet must be notified at the Medical Examinet must be notified at the Medical Examinet must be notified at the Medical Examinet must be notified at the Medical Examinet must be notified at the Medical Examinet must be notified at the Medical Examinet must be notified at the Medical Examinet must be not the Medical Examinet must be		5. Sociel Security Number 199-12-4892	6. Sex	x 7. Age (In yrs. lest birthdey) 71 Yrs.			If Under 1 Yea Months Deys		24 Hrs. Min.	8. Dete of Bi sep 22	h 9. Birthplece (S Country) Pennsy		lece (Stete or Foreign try) nsylvania
		Funeral Director	Usuel Residence of Deceder 10a. State 10b. Co			10c.	City, Town or Lo	cation					1	0d. Insida City Limits
			MD											1 Yes 2 No
			10a. Street and Number 10f. Zip Code 10g. Citizen of Whet Co										Whet Coun	try?
			2529 Ashton	Stre	et	21223						Ü	ISA	
020		by	11. Marital Status 1 Never Married 2 3 Widowed 4 Divo	Married	12. Was Dec Armed Fo 1 Yes If Yes, Gi Yeer or D	2 □ No va t.m.t.		Was Decedent of f Yes, specify Cu 1 ☐ Yes 2 ঐ No			city Yas or N Rican, atc.)	o- 14. Ra Bla Specia	ce - Americ ack, Whita, fy: Whi	atc.
21215-0020		Completed	15. Dece (Specify only hi Elementery/Secondery (0-				dent's Usuel Occupation kind of work dona during most of working DO NOT use retired) DCTVISOT				16b. Kind of Business/Industry Sealtest Food			
0	be filed withintal Hyglens. d other than event, the M	Be Co	17. Fathar's Nema (First, Mic	dla, Last)					18. Mothe	er's Neme	(First, Middle	, Meiden Sume		
Maryland		To B	Charles T	homas					Ro	se Ri	ichard	3		
lan	d 2 should thend Men 7 is marke traumatic	-	19e, Informent's Neme/Rele					ng Address (Street						
	CENL		Mr. Dan Thoma	s, So	n	1-4		Council	Stree	t, Ba			21227	
Baltimore,	8 7 2		20e. Method of Disposition 1 Durial 2 Cremet		emovel from	State		netory or other pi n Nation		. 16	Date /3/96	20c. Location Arling		
Ħ	그 등 환경		4 Donetion 5 Othe	11 1 1 1 1 1 1 1 1 1	10	A								
Ba	Depa Impor		22. Nama and Address of Facility Gary L. Kaufman Funeral Home of Elkridge, Inc. 5695 Main Street, Elkridge, MD 21227											
	Physician /Medical Examiner		23a. Pert1. Enter the disaese, or complications that causad tha death. Do not enter the mode of dying, such as cardiec or respiretory errest, Shock, or heert feilure. List only one cause on each line. Approximate Intervel Between Onsat and Death											
0			Immediate Ceuse (Final disease or condition resulting in deeth) a. CHRONIC BRONCHITIS & EMPITYSEMA Dua to (or as a consequence of):										YEARS	
		iner			Pul	HONA		YPERTEN	KIOIZ				1	11
	ificate be executed g physician and as the buriel-transit	Examiner	Sequantielly list conditions, Due to (or as e consequence of): If env. leading to immediate										l I	
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89	E 0 6	ledical												
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	the eff	Physician/M	Part II. Other significant con	ditione con	tributing to d	eath but not	resulting in the u	nderlying cause g	iven in Pert I		23b. Did	tobacco uee co	ontribute to	the cause of death
s, P.O.	ires that the de signed by the e d be detached	Completed by Phy										bably 4 Unknow		
Division of Vital Records,	hes been ge 2 shoul										24e. Wes	s en eutopsy ormed?	ava	ere eutopsy findings allabla prior to mpletion of cause deeth?
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sion	Attanding F r death. ector: After by the funer	Certification:	27. Menner of Deeth 1 Naturel 5 Pending (Month, Dey Year) 2 Accident Pending (Nonth, Dey Year) 28b. Time of Injury Work? 1 Yes 2 No								пеа			
<u>></u>		Certific		uld not be ermined	28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Straet end Number or Rurel Route Number, City or Town, Stete)									
-	To the Mapping or within 24 house le To the Completely filled in	Medical (29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.											
	vithir To th	M	29b. Signeture and title of ce	tifiar	0 m	\			nsa number			29d. Data sign		
			Day Genst	entlit	5 ,1/1. L	J.		D:	2072	4		MAY, 3	25,19	196
			30. Name and address of per JAY GERSTE		-			Print)	AVE- T-	BALT	D MA	2122	7	
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Registrar

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Mr. Dan Tho

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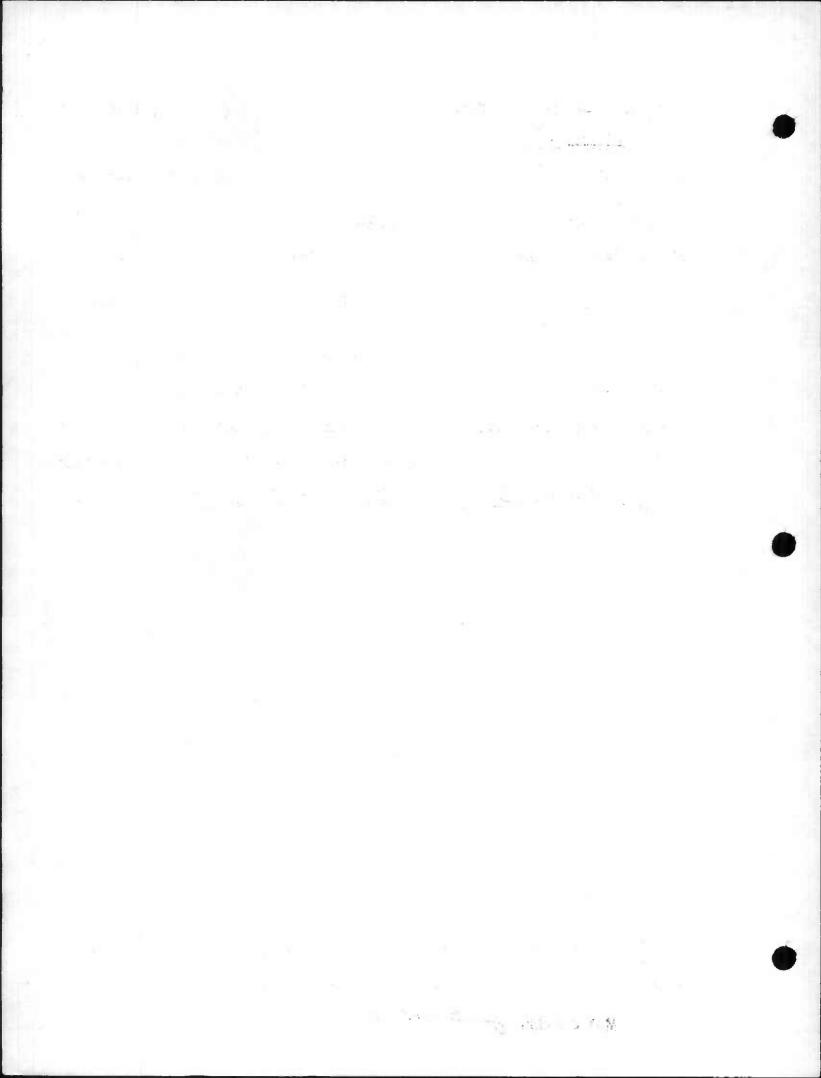
Home of L. dge, MD 2122/

State of Maryland / Department of Health and Mental Hygiene

ITEM#4a film g735 /29/96ag perFH Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Louis Joseph Tauber May 22, 1996 6:30 A. M. /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 822 N. LINWOOD Avenue Baltimore N/A 8. Date of Birth (Month, Day, Year) June 7, 19 If Under 1 Year 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 24 Hrs. 6. Sex Birthplace (Stata or Foreign Country) **Funeral** Days 110 M 2 F Months Hours 1904 Director 216-10-1781 Maryland Usuai Rasidance of Dacedant the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural; or items 23a or 28a-f show traumatic event, the Medical Examiner must be motified at 1 Yes 2 □ No Maryland Directo N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 822 N. Linwood Avenue 21205 U. S. A. death 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yas 2 Ø No If Yas, Give Year or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14 Race - American Indian Biack, White, etc. 72 hours after 1 ☐ Nevar Married 2 🕅 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: 2 3 Widowed 4 Divorced White Completed 15. Decedant's Education (Spacify only highest grada complated) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Hygiene. Eiamentary/Secondary (0-12)
7th Grade Collaga (1-4or 5+) permit. Peges 1 and 2 should be filed wit Department of Health end Mentel Hygiene Important: if Nem 27 is marked other tha any injury or other traumatic event, Inal, once. Salesman/Driver Breweru 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Be Frank Tauber Mary Wegarntar 19a. tnformant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Louis J. Tauber Jr. (Son) 3301 Batavia Avenue, Baltimore, Maryland 21214 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cemetary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 X Burial 2 Cramation 3 Ramovel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Gardens of Faith 5/24/ 96 Baltimore. Maryland 22. Nama and Address of Fecility 21. Signeture of Funaral Sarvice Licensee Schimunek Funeral Home Inc. 3331 Brehms Lane, Baltimore, Maryland 21213 23e. Pert1 Inter the disaesa, or complications that caused the death. Do not enter the mode of dying, such es cardiac or raspiratory errast, shock, or heart failure. List only one cause on each line. Approximate Intarval Between Onsat and Death **Physician** /Medical Immediata Causa (Final yo celd disaasa or condition rasulting in daath) Examiner ollin buriel-transit Sequantially list conditions, if eny, laading to immediate causa. Entar Undarlying Cause (Disaese or injury that initiated evants resulting in death) Last Dua to (or as a consequence of): and yor de physician s the buriel Box 68760, 0 certificate be Physician/Medical Dua to (or as a ettending B esn signed by the e Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. 1 Yes 2 No 3 Probably 4 Unknown Records. à 24b. Wara autopsy tindings available prior to complation of causa of death? 24a. Was an autopsy performed? Completed peen page 2 1 Yas 2 No certificate 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours after deeth.
 Funeral Director: After this certifica 25. Was casa rafarred to medical Be 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No To funeral 28a. Data of Injury (Month, Day Year) 27. Manney of Deeth 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: 28b. Time of 1 Natural 5 Panding 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Piace of injury - At homa, farm, streat, factory, office building, atc. (Spacify) 2 4 - Homicida 29a, Certifier 1 Certifying Physician: To tha best of my knowladga, daath occurred et tha tima, data and place, and dua to the causa(s) and manner as statad. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred et the time, deta and place, and due to the causa(s) and manner stated. within 2.
To the F 29b. Signature and title of certifier 29c. License number lh n ocemi) 30. Nama and addrass of person who completed causa of daath (Item 23a) (Type, Print) St. Paul Plece Bellimore MD RATIMA Bross Shile 803 21202 301 32. Registrer's Signetura 31. Dete filed (Month, Day, Year) State Registrar

DHMH 16 Rev 6/95

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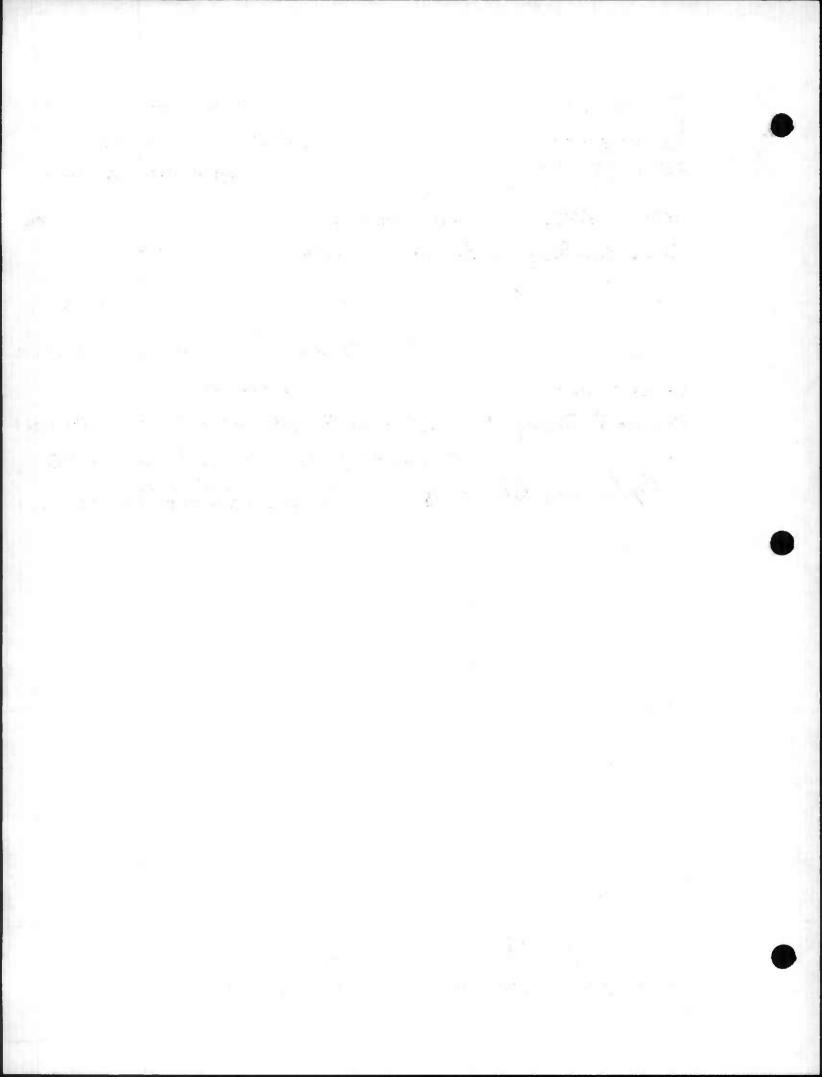
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

15880

					Ce	runcate of	Death		Reg. No.		
	Physic		Decedent's Name (First, Middla, Lest) JESSE T. WINGO					2. Dete of De Month MAY 14,	Day 1996	Yaar	3. Time of Death 12:25 P.M.
	/Medi Exami		4a. Facility Name (If not institution, giva	streef and number)			4b. City, Town, or L	ocation of Deal		of Death	
			NORTH ARUNDEL HOSPITAL				GLEN BURNI		ANNE A	RUNDEL	
	Funeral Director	Г	003-10-6115	. 7. Ag	ga (In yrs. last birthday Yrs.	Months Deys		8. Date of Bi (Month, Di Sept 1	ay, Year)		laca (Stata or Foreign try) 291016
	and and		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, Town or L	ocation		•		1	0d. Inside City Limits
	the Marylar 28a-f ehow	ector	MD AACo.		Glen !	Burnie					1 ☐ Yas 2 7 No
	ath with	Funeral Director	Goz Clen Rido				061		10g. CitIzan of V	A	
020	gas 1 and 2 should be filed within 72 hours after death with the Maryland t of Haalth and Mental Hyglene. If item 27 is marked other than "naturel", or items 23a or 28a-f show or other traumatic event, the Medical Exeminer rount be notified at		11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	2. Was Decedent Armed Forces? 1 Z Yes 2 I If Yas, Giva Yeer or Detes:	No	Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☑ No	Hispenic Origin? (Speed, Maxican, Puarto Specify:	pecify Yes or No Pican, etc.)	Specify	ck, White, o	ean indien, etc.
21215-0020	in 72 hours aft n "naturel", or Medical Exert	Completed by	15. Decedant's Educ (Specify only highest grade	ation completed)	16a. Dece (Give	edant's Usuel Occi a kind of work done DO NOT usa retir	a during most of work	king	16b. Kind of B		
212	d within giena.	EO	Eiamantary/Secondary (0-12)	College (1-4or !	TRU	ick Dri	ver		Americ	CAN	Excelion
Maryland	2 should be filed within and Mental Hygiena. Is marked other than surmatic event, the Management of th	To Be	17. Fathar's Nama (First, Middia, Last) Chazles Wing				18. Mothar's Nam	na (First, Middle	, Maidan Suman	na)	
ary	should and Men marke	-	19a. informant's Name/Raletionship (Type	-	19b. Mail	ing Addrass (Stree	et and Number or Ru	ral Routa Numb	er, City or Town,	Stete, Zip	Coda)
	s 1 and 2 Haalth a tem 27 is		Venung F. Dave 20e. Method of Disposition	rport	20b. Placa of Disp	osition (Nama of	Richae Cr	Apt A	20c. Location		emp 2106
Baltimore,	Pa non ant:		Burial 2 Cramation 3 R 4 Donation 5 Other (Specify)		Crowns		Cem 5	-17-96	Crown	svill	c MO
Ba	Departi Importu any inju		21. Signature of Furierel Sarvice License	Ahan	la h	2. Nama and Addi Dymond Hac Ces	C. Fint 1	Funeral	Home	o r	no 2106
1			23a. Part1. Entar tha diseesa, or camplion shock, or heart failura. List only on	cations that caused	the daet. Do not an	ntar the mode of dy	ring, such as cardiac	or raspiratory a	arrest,		Approximata Intarval Between
	Physician /Medicai		Immediata Causa (Finel diseasa or condition		0	PIRATO	Ry FA	U.U.C.			Onset and Death
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, 0,	e axecul	i Examiner	Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaase or Injury that initieted evants		Dua to (or as a conse	quenca of):				1	
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Ď	death c	Physician	Part tt. Other significant conditions con-	ributing to death b	ut not resulting in the u	undarlying causa g	iven in Part I.	23b. Did	tobacco use co	ntributs to	the cause of death?
S, P.O.	ulras that tha de signed by the a id be datached i	by Phy	RECTAL	BLEEL	ING.			10	Yss 2□No	3 Prob	bably 4 Unknow
of Vital Records,	sw requisite should	Completed	RECTAL HISTORY HISTOR	OF AB	DOM, NAC	- ANEU	RYSM	24a. Was	s an autopsy ormed?	cor	ara autopsy findings eilabla prior to mpletion of cause daath?
<u>~</u>	Tha ata h page	Con	H25701	ey of	CARDIAC	ARR	STHMIAS	10	Yas 2 No	10	Yas 2□ No
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ou	th. After	tion	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y Year) Injury	W	ork? ☐Yas 2☐No	Edd. Datonibo	now injury occur	100	
Division	Hospital or Attending Ph 24 hours aftar death. Funeral Director: After th Italy filled in by tha funaral	Certification:	3 Suicida 6 Could not be detarmined	28a. Place of Injuding, at	ury - At homa, farm, st c. (Specify)	reat, factory, office			(Street and Numb wn, Steta)	er or Rura	l Route Number,
The same of	To the Hospital or Attendii within 24 hours aftar death. To the Funeral Director: A complataly filled in by tha fu	edical C	29a. Certifier (Check only one) 1 Certifying Phys 2 Madical Examin	clan: To the bast of er: On the basis of and menner ste	of my knowledga, daat axamination end/or in	th occurred at that evestigetion, in my	tima, data and place, opinion, daath occur	and due to the red et the time,	causa(s) and ma data and plece,	annar as st and dua to	ated. tha causa(s)
1	of the	Me	29b. Signatura and title of certified	1.		29c. Licer	ise number		29d. Data signe	d (Month, I	Day, Year)
A.	->-0		> l les	4-	M.D.	D	-2260	9.	5/2	-8/9	6
			30. Nama and address of person who con	npleted causa of d	aath (itam 23a) (Type,						,
			RUBEN REIDER, M.D. 74	45 FURNACE	BRANCH ROAD	GLEN_BURNI	E, MARYLAND	21060			
	Sta	ite	31. Data filed (Month, Day, Year)		ar's Signetura	•					

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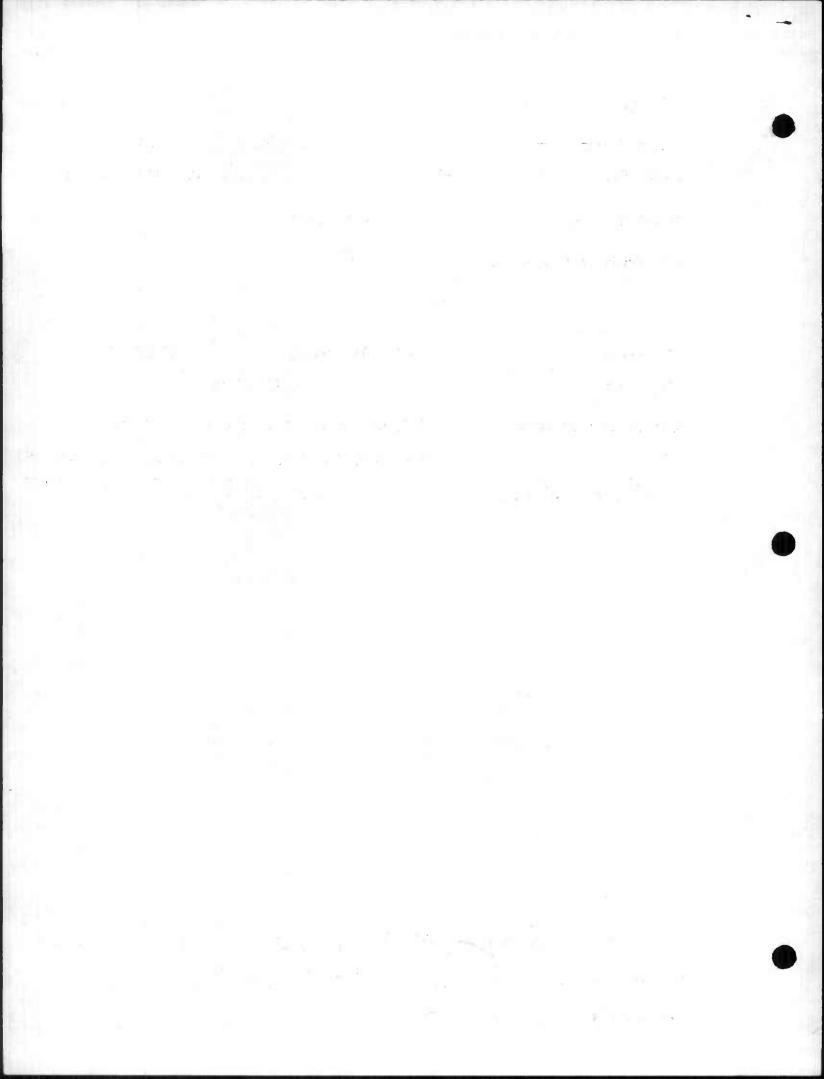


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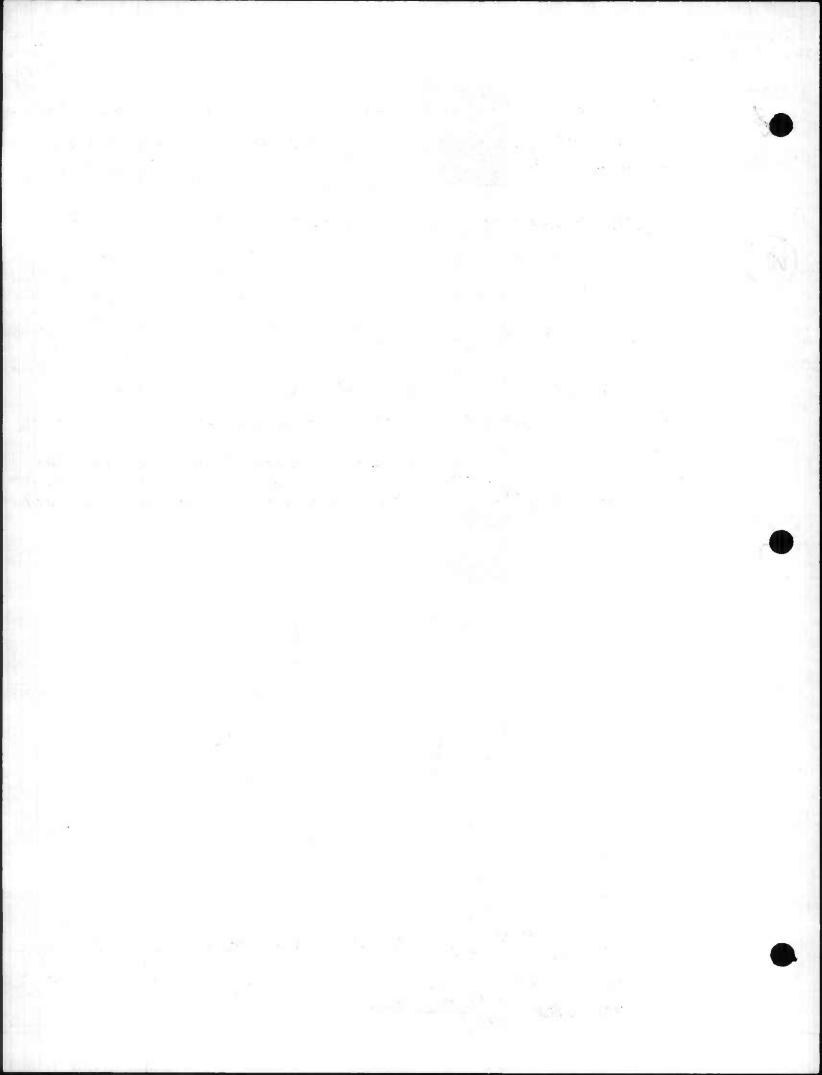
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	wor.		10e. Stete 10b. County	1	10c. City	, Town or	Location						10d. Ins	Ide City Limits
	the Menyler 28a-f show	tor	MARYLAND N	/A		E	BALTIN	IORE	CITY				15	Yes 2□No
	or 28	Director	10e. Street and Number				10f. Z	ip Code			10g. Citize	en of Whet (Country?	
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	ter dea	Funeral	11. Marital Stetus	12. Wes Decede	nt Ever in U,	5. 13	3. Wes Dec If Yes, sp	edent of Fecify Cub	Ilspanic Origin? (Span, Mexican, Puerto	ecity Yes or No- Rican, etc.)	1.	4. Race - An Bleck, Wh		en,
5-0020	s 1 and 2 should be filed within 72 hours efter death with the Maryland f Health and Mentel Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	þ	1 Never Married 2 Married 3 Widowed 4 Divorced	If Vac Giva	□No s:1966/				Specify:				BLACK	
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	Physician		snock, or neert tellure. List											ai Between and Deeth
9	/Medical		Immediate Ceuse (Finel disease or condition	met	ast 9	Tic	(6	27 (er				1	· lyr.
	Examiner	L	resulting in death)	ө	Due to (or	as e cons	sequence of):					i	
-	pe dist	Examiner		b									1	
	The lew requires that the death certificate be executed ate has been signed by the ettending physician end page 2 should be deteched for use as the buriet-transit	xan	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury		Due to (or	es e cons	sequence of):					i	
09/	sician burie		cause. Enter Underlying Cause (Diseese or injury that Initiated events	C	Don't to	0	Carriero de la						1	
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u	fing I	lon	1 Naturel 5 ☐ Pendir	. J	Dey Year)	28b. Time Injury		28c. Injui	yet rk? Yes 2 □ No	28d. Describe h	ow injury	occurred		
Division	Attending of deeth. ector: After by the fune	licat	2 Accident Investi	not be	Injury - At hor	ne term			165 2 140	28f. Location (S	treet end	Number or	Rural Route	Number
S.	d in b	Certification:	4 ☐ Homicide determ		etc. (Specify,		011001, 1001	.,,		City or Tow	n, Stete)			
	To the Hospital or Attending Physician: within 24 hours affer death. To the Furbreat-Orector: After this certific completely filled in by the funeral director.		29e. Certifier 1 Certifyin	ng Phyaicien: To the bes	st of my know	riedge, de	ath occurre	d et the tir	me, date end place,	end due to the	euse(s) a	ind manner	as stated.	
	the Hi in 24 the Fi plete	edical	one)	Examiner: On the basis end manner	steted.	on enavor	investigetic	n, in my c	pinion, deeth occur	red et the time, o	sete ena p	place, end d	ue to the ca	Use(s)
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				40 Easter		· (° .	Balti	mor	e, MDO	21229	_			
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DHMH 16 Rev 6/95



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To Be		ELLSWORTH	+ WIL.	SON SR.			HOWE	11
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or off	2	Da. Mathod of Disposition 1 ■ Burial 2 □ Cramation 3 □	Ramoval from Stata Cer	nce of Disposition (Nama of matary, cramatory of other	place)		. Location - City or T	,
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any in	1	1. Signalure of Funeral Service Licen	SAA	TOSEPA	t H, BRGI	WN JR.	FUNERA	L HOME, P.A.
1	X.	Sa. Parth. Enter the dismilia, or com-	OY / No caused the death	Do not anter the mode of	dving such as cardiac	AVE, BA	LTIMORE, 1	40, 2/2/7 Approximata
cian		3a Park Enter the diam a, or composition of heart failura. List only of	ona causa on aach lina.		Syling, Substitute Substitute S	or raspitatory arrow.		Intarval Between Onset and Death
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Examiner			b. Anoxic		phalop.	al hy		
al Examir	SH	equentially list conditions, any, laading to immadiata ausa. Entar UndarlyIng ause (Disaasa or Injury	Dua to (or a	as a consequanca of):	2 .11- L:	a toma	lin And	4
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Physician/Me			d.	1 0000	01.090	0119	1	
should be deteched for use es leted by Physician/Me	P	art II. Other significant conditions co	entributing to death but not rasult	ing in tha undarlying cause	a given in Part I.	23b. Dfd toba		to the cause of death?
Y P						1 Tes	2□ No 3□ Pro	bably 4 Unknown
ed by						24a. Was an a	utopsy 24b. W	Vara autopsy findings vailabla prior to
Completed	-					performed	00	omplation of causa death?
To Be Comp						1 ☐ Yas	2000 11	□Yas 2□No
Be	2	5. Was casa rafarred to medical axaminar?	11-22			(Check only ona)		
To To		1 ☐ Yas 25 Mo		R/Outpetient 3 DOA			a 6 Othar (Special	fy)
tion	-	1 Natural 5 Panding 2 Accidant Invastigation	(Month, Day Yaar)		Injury at Work? 1 ☐ Yas 2 ☐ No	28d. Dascribe how	injury occurred	
ed in by the funera Certification:	1	3 Sulcida 6 Could not be				28f. Location (Street	et and Number or Run	al Routa Number,
Cert Sd in		4 Homicida datarmineo	building, atc. (Specify)			City or Town, S	itata)	
completely filled in by the		9a. Certifying Phy	refcian: To the best of my knowle iner: On the basis of axamination	edga, death occurred at the	a tima, date and place,	and dua to the caus	e(s) and mannar as s	stated.
completely filled in by the funeral Medical Certification: 1		one)	and mannar stated.					
8	1 20	b. Signature and this of certifiar	5/2, -	MINA	ensa number	77 Box	Data signed (Month,	Day, rear)
	9/). Name and address of person who c	ompleted cause of death (lac-	23a) (Type Brint)	110002/	J3-445 /	May do	1,1990
/	0	50mes	Shew Mu	2.512	rai Ho	spital	Baltim	ne My
State	3	Data filad (Month, Day, Year) MAY 2 9 199	32. Registrar's Signatu	Pandone		1	1	
egistrar		MAY 2 9 199	O Print purito					



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

Jan.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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Š	. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	-	exa
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The state of the s	88	be filed within Z	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH arme lita Dle 3:35 Am " 5. SEX 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH 577-12-4231 95 DAYS HOURS MIN. 1 M 2 F YRS. 01-01-01 UNK 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DEUTON ME DIRECTOR Med Mimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Ballimore NA 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6115. Chorles Street 21230 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 TO If yes, specify Cuban, Maxican, Puarto Rican, 1 Never Married 2 Married BY Widowed 4 Divorced Rican Specify: NA urerTo COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life, Do NOT use retired.) Elamentary/Secondary (0-12) Coflega (1-4 or 5+) UNK UNK UNK UNK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) UNK UNK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Gussie Battimore, MD. 861 Lavelle 20s.METHOD OF DISPOSITION

1 Deursal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE ON 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 638 N. Gilmon Albert P. Wylie 21217 BALTI more, MD 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest ahock, or heart fellure. Liet only one ceuse on sach line. interval Between IMMEDIATE CAUSE (Finel PNEUMONIA Onsat and Death disease or condition resulting in death) WIRES DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other eignificant conditions contributing to death but not reculting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 24s. WAS AN AUTOPSY RHEUMATOID ARTHROTS PERFORMED? DEMENT 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES DINO A UNCERTAIN D PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcida 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 29a. CERTIFIER 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examinstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and mannar as stated.

29c. LICENSE NUMBER

BAZTIMDRU

29d. DATE SIGNED (Month, Day, Year)

28

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29b. SIGNATURE AND TITLE OF CERTIFIER

MAY 29 1996

BRIAN

31. DATE FILED (Month, Day, Year)

Cus

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5.

32 MEGISTRAR'S SIGNATURE

CHARLES

WALLACT

State of Maryland / Department of Health and Mental Hygiene

15884

					Cei	rtificate of	Death		F	leg. No.			
Dhu	inin	1. Decedent's Nama (First, Middle	la, Last)						2. Data of Daa Month	th Day	Yaar	3. Tima of	t Death
Phys /Me	ician dical	Iohn U	YOUNG	Jr.					May 27,		Teletí	3:03	a.m
Exan		An Provide Manney All and brooks the					4b. City, To	own, or Lo	cation of Death	4c. County	of Death		
		Franklin Squar	e Hospital				Balt	imore	2	Balti	nore		
Funer	al	5. Social Sacurity Number		7. Age (In yrs.	•	If Under 1 Year Months Deys	If Undar Hours	24 Hrs. Min.	8. Dete of Birth (Month, Day	Year)		olaca (Stata o	or Foreig
Directo	or:	212-30-2449	1€XM 2□ F	63	Yrs.				May 26,			yland	
pue *		Usuei Rasidance of Dacedant 10a. Stata 10b. County		10c Ci	ty, Town or Lo	cation						0d. Inside Ci	Star & Innaida
sho	2	The same										1 🗆 Yas	
the N	a ct	Md. Ball	timore		Baltim					0	100		
with or	ā	Toe. Street and Number				10f. Zlp Coda				log. Citizan of	rvnat Cour	itry /	
filed within 72 hours after deeth with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show int, the Medical Experient must be included.	Funeral Director	9903 Magledt	Rd .	dont Ever in Li	12 1	2123		ining (Co.	neiby Vee or No		S.A.	an Indian.	
Herr I	S	1 □ Navar Merried 2 Marr	Armed For	ces?	, 13. Y	Was Decedent of H f Yas, specify Cubi	an, Mexicar	n, Puarto	Rican, atc.)		ck, Whita,		
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lenta ked ked	ToB	John H. Youn	g				No	orma	J. Widm	aier			
d 2 should be filed within th and Mental Hygiene. 7 is marked other than traumstic event, trains	-	19a. Informant's Name/Ralations	ship (Type, Print)		19b. Mailin	ng Addrass (Street	and Numbe	er or Rurs	al Routa Numbe	r, City or Town	Stata, Zip	Code)	
(1 4 7 6		Mrs. Mary M. Y	oung			3 Magledt							
f Health frem 27 i		20a. Mathod of Disposition			Place of Dispo	sition (Neme of netory or other pla			Data	20c. Location		wn, State	
Peges nent of I int: If ite		1 Burial 2 □ Cremetion 4 □ Donetion 5 □ Other (S		state		Of Faith		- orto	3/31	Baltin		ма	
	4	21. Signature of Funarai Sarvice		Ju							iore,	riu.	
Departri Departri Imports	SUC	by my	11.00			Name end Addra artley Mi							
		220 Party Enter the Mannes of	SUPICIAL TO A			527 Harfo					2123		
	2	23a. Part Entar the disaasa, or shock, or heart tallura. List	only one causa on as	ach lina.	in. Do not and	ar tha moda of dyli	ng, such as	Cerdiac c	or raspiratory em	est,	1	Approximete Interval Bate Onaat and I	tween
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uted d ansit	Examiner		b. Chron		-	ic Leuker	nia				1	2 year	rs
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eeth certificete be executed attending physician and for use es the buriel-trensit	Ca	Cause (Disaasa or Injury thet initieted evants	c	Due to /o	or as a consequ	uence of):					-		
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delan: The certificate rector, pag		25. Was case reterred to medicel	1				OF Place	of Dooth	1 X Y		1 2	Yes 2□	140
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		27. Mannar ot Death	28a. Data o	f Injury	28b. Tima ot				28d. Dascribe h			γ)	
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i or Attending efter deeth. Director: After d in by the lune	Certification:	3 ☐ Suicida 6 ☐ Couid i	not be	of Injury - At h	oma, tarm, stra	aat, tactory, office		1	28f. Location (S	treat and Numi	er or Rura	il Routa Num	nber,
	ert	4 Homicida	bulldin	g, atc. (Specif	(y)				City or Town	n, Stata)			
Hospita 4 hours Funeral tely fille	edical C	(Check only 2 Medical	g Physician: To tha l Examiner: On tha be	sis of axamina	wledga, daath	occurred at the tir	me, date en opinion, dee	d plece, e	end due to the c	ausa(s) and malate and place,	annar as s	tated.	s)
9 5 9 6	Med	one)	and menn	er stated.		29c. Licens							
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To the within 2 To the comple		1 Himle CA	A gama	x D.	0	KO1	710		N	May 27,	1996		
withi Tot													
To the To the Com		30. Name and address of parson	who opmoleted cause	ot daath (Itan	n 23a) (Type, I	Print)							
To the tribing of the		30. Name and address of parson Dr. Anita Agga 31. Data filed (Month, Day, Year)	rwa1 900			^{Print)} Square Di	rive	Bal	Ltimore,	Maryl:	and	21237	

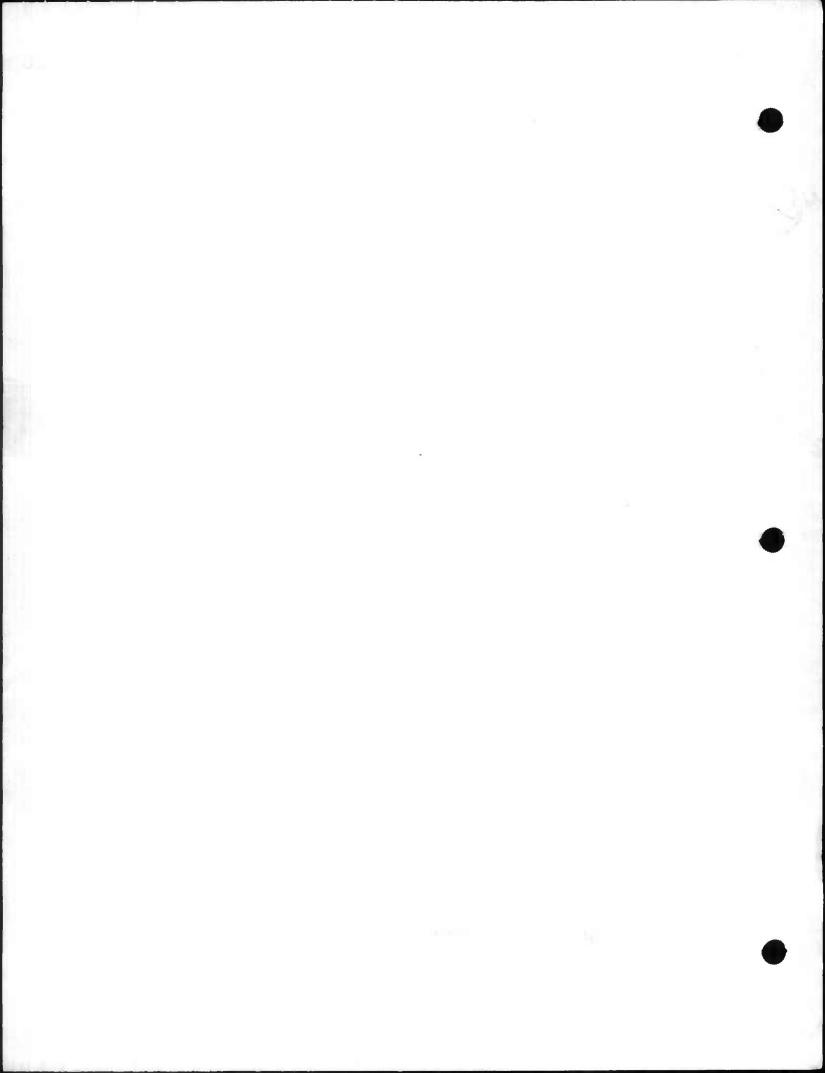
DHMH 16 Rev 6/95

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	AIFINI	to	·		2. DATE OF DEATH DO MONTH DO	28 1996	3. TIME OF DEATH 2 50 PM		
	4. SOCIAL SECURITY NUMBER 218 - 09 1120	1 🕅 M 2 🗆 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1918 8. BIRTI	HPLACE (State or Foreign ry) MD		
TOR	9a. FACILITY NAME (If not institution, give at Sandtown Winche RESIDENCE OF DECEDENT	1,010			altimor		9c. COUNTY OF E	n/a		
DIRECTOR	10a. STATE 10b. COUNTY	/a		own or locat				10d. INSIDE CITY LIMITS? 3 YES 2 NO		
FUNERAL	1931 Fleet St	•		101	21231		10g. CITIZEN OF	WHAT COUNTRY? USA		
B	11. MARITAL STATUS 1. Sever Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2' - NO	13. WAS DEC	city Cuban, Maxical	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Blec	E — American Indian, k, White, atc. Hy: White		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th Tr. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Caretaker 16b. KIND OF BUSINESS/INDUSTRY Inc. Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual Occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual Occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual Occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual Occupation (Give kind of working life. Do NOT use retired.) The Decedent's Usual Occupation (
OMO	17. FATHER'S NAME (First, Middle, Last)		Caretak	er	18. MOTHER'S NA	ME (First, Middle, Malden	ndry			
BE C	Vincenzo Alfin	ito				ry Ann G		-60000		
0	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Town				
	Earl W. Knight							Alto, MD2120		
	20a. METHOD OF DISPOSITION 1 Burla! 2 Graphston 3 Removal from State 4 Donation 5 Other (Specify) 1 Bidnature of Funeral Service Licensee 20b. PLACE AND DATE OF DISPOSITION (Name of carpetery, cremetory or other place) Metro Crematory 22c. Location - City or Town, State 22c. Location - City or Town, St									
CERTIFICATION	23. PART Learn the diseases, or complications that ceused the deeth. Do not enter the mode of dying, auch as cerdiac pr respiratory errest, Approximate interval Betwee Disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other algnificant conditions	contributing to deeth be	ut not resulting in t	ne underlying	ceuse given in (Pert I. 24a. WAS AN PERFOR 1 YES 2	MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL				UNCERTAIN					
SICI	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp.		HSR:	5 🗆 Rasidenca					
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	26c. INJU	JRY AT	26d. DESCRIBE HOW II	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec			ES 2 NO	281. LOCATION (Street a City or Town, State)	nd Number or Rural F	Route Number,		
COMPLETED		IAN: To the best of my knowl						and manner as stated.		
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER	~ /	hysician		29c, LICENSE NUM	7 7 6 9	29d. DATE SIGNED	(Month, Daf. Year) 28/96		
	In h Coli'mo	· Albue,	ATH (FIEM 27) (Type, Prin	51	bn. R	olling R	d Bu	140.		
	31. DATE FILED (Month) Day, Year)	1 32 MEGIS PAR'S SAL	HOUSE.			-	1			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. CHABALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene 5886 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 3. Tima of Death 2. Data of Death Month **Physician** 27 1996 MICHAEL BURIN 2:38 am /Medical IN MAY
4b. City, Town, or Location of Deeth 4c. County of Death 4a. Facility Neme (If not Institution, give street end number) Examiner TOWSON, If Undar 24 Hrs. SAINT JOSEPH MEDICAL CENTER MD. BALTIMORE If Under 1 Yeer 8. Dete of Birth (Month, Dey, 5. Social Sacurity Number 7. Age (In yrs. last birthdey) Birthplaca (State or Foreign Country) **Funerai** 1**3** M 2□ F Months Deys Hours 197-07-2771 90 Yrs. Director FEB 12, 1916 Pennsylvania Usual Rasidance of Dacedant the Manyland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or Nems 23s or 28s-f show traumatic event, the Modical Examiner must be notified at 1 □ Yas 2 PNo Baltimore Director PARKVILLE MD 10e. Street end Numbar 10f. Zip Coda 10g. Citizan of What Country? death with Rd 3300 WILLOUGHBY 21234 USA Funeral 12. Was Dacedent Evar In U,S. Armed Forcas? 1 ■ Yas 2 ■ No 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, 11. Meritel Status Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiena. Important: If Itam 27 is marked other than "natural", or the any injury or other traumatic event, the Modulal Examina 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No If Yas, Giva Yaer or Detes: ARMY Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 18a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Collega (1-4or 5+) BALTIMORE Co. SCHOOLS USTODIAN lo 17. Fether'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be MICHAEL BURIN ANNA Mansic 19e. Informent's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) EUGENE LOZOSKIE nephow 8812 Wolverton Rd Balto. Md. 20b. Pleca of Disposition (Name of cemetery, cremetory or other piece) Data 20e. Mathod of Disposition 20c. Location - City or Town, Stata MAY 29 1 ■ Burlal 2 □ Cremetion 3 □ Ramoval from Stata PARKVILLE Md PARHWOOD Cemetery 1996 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funarel Sarvice Licani 22. Nama end Address of Facility
EVANS CHAPEL OF EMORIES 1. Balto. 8800 HARFORD Rd. 23a. Pent1. Enter the disease, or complication, that caused the feeth. Do not anter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one church on each line. Approximata Intarval Between Onsat end Deeth **Physician** /Medical Immediata Ceusa (Final RESPIRATORY FAILURE SECONDARY TO disaasa or condition rasulting In daath) 12 DAYS Examiner Due to (or es e consequance of): Examiner CENTRAL NERVOUS SYSTEM siclan and burial-transit Sequantially list conditions, if eny, laading to immediata cause. Entar Underlying Cause (Disaasa or Injury that Initiated evants rasuiting in daath) Last Dua to (or es e consequance of): physiclan a Box 68760 Physician/Medical Dua to (or es e consequence of): attanding been signed by the atta should be detached for 00 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings available prior to complation of cause of daath? Completed 24e. Wes en eutopsy performed? paga 2 1 ☐ Yas 2X No 1 ☐ Yes 2 No cartificata Division of Vital To the Hospital or Attending Physician:
With 24 hours after death.
To the Funeral Director: After this cartifical
completely filled in by the funeral director. Be 25. Was case ratarrad to medical 28. Placa of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funaral 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of Certification: 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accident tha 6 Could not be 3 ☐ Sulcida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) in by 4 Homicide pletaly filled 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, date end place, end due to the ceuse(s) end mannar as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. edical 29a. Certifiar (Check only one) 29b. Signetura end titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) Mehla m.O D 41410 30. Nema and oduras of person who complated causa of daath (Item 23a) (Type, Print)

State Registrar

DHMH 16 Rev 6/95

31. Data filed (Month, Day,-Year)

JOGINDER P.

MEHTA,

relia Davidor

M.D.

32. Registrer's Signatura

ST. JOSEPH MEDICAL CENTER

TOWSON, MD.

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	A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may by	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-famped be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)		к. Black			2. DATE OF DEATH MONTH MAY 25,	1996 YEAR	3. TIME OF DEATH 4:55 PM M	
	4. SOCIAL SECURITY NUMBER 217 → 24 → 4494 98. FACILITY NAME (If not institution, give:	1 □ M 2X F 64	YRS. MOI	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 25,	1931 Pe	nnsylvania	
TOR	7810 Harold Road		95	96. CITY, TOWN OR LOCATION OF DEATH Dundalk 8c. COUNTY OF DEATH Baltim					
DIRECTOR	Maryland 106. COUNT	Baltimore	IOc. CITY, TO	OWN OR LOCAT	ON	Dundalk		10d, INSIDE CITY LIMITS? 1 YES 2 X	
FUNERAL	100. STREET AND NUMBER 7810 Harold Road 11. MARITAL STATUS	· · · · · · · · · · · · · · · · · · ·	NILLO ADMED			1222 NIC ORIGIN? (Specify)	United	what country? d States	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 KNO		cify Cuban, Maxica	n, Puerto Ricen, etc.)	Ble	CE — American Indian, ck, While, alc. city: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 Years 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) TNSPECTOR FLECTRIC									
E COMPLET	17. FATHER'S NAME (First, Middle, Leet) Vernon Reno Kay	ор	3,707		18. MOTHER'S NA Pauliv	ME (First, Middle, Maid 18 E. Rees			
TO BE	190. INFORMANT'S NAME (Typo/Print) W. RUSSELL J. R	3lack	7810 Ha	oness (Stroot a	oad Duv	Ploute Number, City or 1 Idalk, Ma	own, State, Zip Code) LYLAND 2	1222	
	20a. METHOD OF DISPOSITION 1	tombment of	petary, crematory or other 12 adown ag	2 Mauso	leum 5/	29/96 De		ryland	
	22. NAME AND ADDRESS OF FACILITY Duda—Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222 23. PART (Jenier the disease, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
		List only one ceuse on e					spiratory arrest,	Approximate interval Between Onset and Death 2 /2 9/4/5	
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	•					
MEDICAL	PART II. Other eignificant conditio	ne contributing to deeth t	out not resulting in t	he underlyin	cause given in	PERF	AN AUTOPSY FORMED?	No. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAUSE C	28. PLACE OF DEATH		UNCERTAI	N 🗆			
PHYSI	t YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	1 ☐ Inpatient 2 ☐ ER/Out	patient 3 DOA 4 28b. TIME O INJURY	Nursing Hom F 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCURED		
2 Accident Investigation 2 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t, LOCATION (Street and Number or Bural Boulte Number)									
S Could not be delermined building, stc. (Specify) 29a. CERTIFIER (Check only only only only only only only only									
TO BE C	250. BIOMATURE AND TITLE OF CENTIFIE AC NAME AND ADDRESS OF PERSON W	EN NO HOLD CAUSE OF DE	EATH (ITEM 27) (Тури, Ps	nt)	294: LICENSE NU D309	MDER 129	P 5/2	28/96	
	PAUL LEZANO GS 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	62 24 #		BALTME	re, mo	21204		
	MAY 3 0 1996	Julie Veridon	Asopheles						



editor of . 9 9

State of Maryland / Department of Health and Mental Hygiene

Physician Today To				State of Wallyland	Certificate of		Reg. No.	15888
## County Number County Numb				1. Decedent's Name (First, Middle, Last)			e of Death	3. Tima of Death
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District and Number County								
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The second control of the second control of		r 28g	irec	10e. Street and Number			10g. Citizen of Wha	t Country?
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Physician (Medical Examiner) Marian Physician (Medical Examiner) Physician (Medical Ex	Balt	permit. Departr Importu any inj			22. Name and Addre	ss of Facility HAPEL OF	MEMORIES	
Physician (filedicial Examiner) The second of the second		- 7		23a. Part Enter the disease, or complications that caused the death.	Do not enter the mode of dyle	ng, such as cardiac or respir	atory errest,	Approximate
Due to (or as a consequence of): Sequentially list conditions, any, leading to immediate cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying cause (Disease or light) programs of the first funderlying programs of the first funderlying cause (Disease or light) programs of the first funderlying programs of the first funderlying programs of the first funderlying programs of the first funderlying programs of the first funderly funderly programs of the first funderlying programs of the first funderly funderl	A.	/Medical		tmmediate Cause (Final disease or condition		^		Onset and Death
Cause (Disease or infury resulting in death) Last Due to (or as a consequence of): Due to (or as a consequ			ner		as a consequence of):			· · · · · · · · · · · · · · · · · · ·
d	o,	a execute an end arial-trans	Exam	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	es a consequence of):			1
Description of the state of the	3876	physical streets the bu	dica	Cause (Disease or Injury that initiated events resulting in death) Last C. Due to (or a	as a consequenca of):			
Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death				d				
The state of the s	ă	atter 1 for u	clar	D. All Other Living				
24a. Was an autopsy finding available prior to completion of cause of death? Section Sectio	o	the d	hysi	Part II. Other significant conditions contributing to death but not result	ling in the underlying cause give	en in Part I. 23		
24b. Were autopsy finding available prior to completion of cause of death? 24c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Vas case referred to medical examiner? 26c. Place of Death (Check only one) 27c. Month, Day Year) 27c. Accident investigation investig	-	s that ned t					1 Yes 2 No 3	Probably 4½ Unknown
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28d. Describe how injury occurred 1	<u> </u>	G 00 Z	2	Hospitai	R/Outpatient 3 DOA Oth	ner: 4 Nursing Home 5	Residence 6 □Other (Specify)
29a. Certifier (Check only one) 29a. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. Signature end, title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	-			1 Matural 5 ☐ Pending (Month, Day Year) 2 ☐ Accident investigation			scribe how injury occurred	
6 30. Name and address of person who completed cause of death (item 23a) (Type, Print) D18487 May 26,1996	2	in by	Certiff	determined 208. Flack of Injury - At non	ne, ferm, street, factory, office	28f. Loc City	ation (Street and Number o or Town, State)	r Rural Route Number,
6 30. Name and address of person who completed cause of death (item 23a) (Type, Print)		the Hosp in 24 hou the Funer pletely fil.		Medical Examiner: On the basis of examination	edge, death occurred at the tin on and/or investigation, in my o	me, dete and place, end due pinion, death occurred at the	to the cause(s) and manne s time, date and place, and	r as stated. due to the cause(s)
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) May 26, 1996	i	To To t	Σ	29b. Signature end title of certifier			29d. Date signed (M	Ionth, Day, Year)
30. Name and address of person who completed cause of death (item 23a) (Type, Print)		,		My M'D	$ \mathcal{D} $	1848	May 71	199(
DR. MVD THANT 9101 FRANKLIN SOUARE DRIVE	1	5		30. Name and address of person who completed cause of death (Item 2				011118
						SQUARE	DRIVE	
State Registrar 31. Date filed (Month, Day, Year) 32. Registrar's Signeture Registrar 32. Registrar's Signeture				31. Date filed (Month, Day, Year) 32. Registrar's Signetu	re			

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

15889 Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** MAY 26 /Medical 4c. County of Deeth 4b. City, Town, or Location of Deeth 4a. Facility Nama (If not institution, giva street and number) Examiner Church Hospital Baltimore 5. Sociel Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) June 14, 1908 9. Birthplace (Steta or Foreign Country) Indiana 7. Aga (In yrs. lest birthday) **Funeral** Days 1□M 2/□F Months Hours 87 Yrs. 213-06-2670 Director Usuei Residence of Decedant 10a Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits r is marked other than "natural", or items 23s or 23s-f shor traumstic event, the Medical Examiner must be notified at Dundalk 1 ☐ Yas 2 No Maryland Director Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 215 S. Woodwell Road 21222 United States Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2/O(No If Yes, Give Year or Detes: 14. Race - Amarlcan Indien, Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Bieck, White, etc. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 CXNo Specify: ρ 3√G/Widowed 4 □ Divorced White "natural". Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within: Department of Health and Mental Hygere. Important: if item 27 is merited other than "yay hijuty or other traumetic event, the Med once. Elementary/Secondery (0-12) College (1-4or 5+) Cashier 12 Years Parking Garage 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Elizabeth Bolton Scott Smiley 2 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 215 S. Woodwell Road Duridalk, Maryland 21222 Frances E. Pucci 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete X Buriel 2 ☐ Cremetion 3 ☐ Removal from State Oak Lawn Cemetery 5/30/1996 Baltimore, MD 4 ☐ Donetlon 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. Dundalk, MD 7922 Wise Ave. Part1. Enter the disaesa, or complications that caused the death. Do not enter tha moda of dying, such es cardiec or raspiratory arrest, shock, or heert feilure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner ettending physician and for use es the burial-trensit Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in deeth) Last Dua to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of): P.O. been signed by the e should be detached to Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings available prior to completion of causa of deeth? 24a. Wes en eutopsy Completed 1 ☐ Yes 2 No 1 Tyes 2 NO certificate Division of Vital 25. Wes case referred to medical Be 26. Pleca of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residance 6 Othar (Specify) 1 Yes 2 No 2 1 Dinpatient 2 ER/Outpetient 3 DOA this funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: oftar death.

Director: After t 5 Pending investigation 1 Meturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homlcide Hospital of 24 hours e
 Funeral D Cortifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier To the Hosp within 24 hou To the Fune completaly fi Medical 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number 185 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) sroudway 31. Dete filed (Month, Day State Registrar

AND SEE STATE

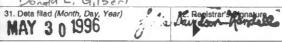
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Physic	an	Decedant's Neme (First, Middla, La	st)					2. Data of I	Deeth Day	Mana	. Time of the		
/Medi		Laura Elizabeth	Braden					May 2	5,1996	1	1:30 pm		
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Funerai		5. Sociel Security Number 6. S	ex 7. Age	(In yrs. las		If Under 1 Yes		8. Data of E (Month, L	lirth Day, Year)	9. Birthplace	a (Stata or Foreign		
Director		218-76-0201	LIM ZWF	89	Yrs.				8,1907		sylvania		
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£ 10 8	F	10e. Street and Number		10f. Zip Coda					10g. Citizan of				
THE PA		7734 North Point	Road				21 21 9			d State	2.5		
	Funeral	11. Merital Status	12. Was Decedant E Armed Forces?		13. V	es Dacedant of Yes, specify Cu	es Dacedant of Hispanic Origin? (Spe 'es, specify Cuban, Maxican, Puarto F		14. Re Ble	ce - American I ick, Whita, atc.	Indien,		
1 50		1 Naver Married 2 Married	1 ☐ Yas 2 ☑ No	0			3 2 No Specify:		Specia				
ours (Exz	d by	3 ♥ Widowed 4 □ Divorced	Yaar or Datas:						Speciii	y: White	2		
72 Tage	Completed	15. Decedant's Ed (Specify only highast gra	lucation de completed)	1	16a. Decedant's Usual Occupation (Giva kind of work done during most of work lifa. DO NOT usa retired)			king	16b. Kind of B	Businass/Indust	ry		
within ans. than		Elemantary/Secondary (0-12)	Collega (1-4or 5+	+)			red)			II am a			
A Brend	S	6 Years Homemaker								Home			
should be filed within 72 hours nd Mental Hygiene. marked other than "natural", amatic event, the Medical Exa	Be	17. Fathar's Name (First, Middla, Last)							la, Ma <i>id</i> en Sumai	ma)			
Men Men arke	2	Eli Kerr					Ida Shou	vers					
s 1 and 2 should b Health and Menta tem 27 is marked other traumatic e		19e. Informant's Name/Ralationship (Type, Print)				at and Number or Ru		-		de)		
and 2 balth a n 27 is wer trac		William Dickey					enue Dun	dalk, I	Maryland	21222			
es 1 and of Health I Item 27 r other tr		20a. Mathod of Disposition	Data		- City or Town,								
Page ient o nt: iff		20a. Method of Disposition 1 Description 1 Description 1 Description 20b. Placa of Disposition (Nama of comatary, cremetory or other place) Meadowridge Mem. Pk. Cem. 5/28/96 Dorsey, Management of Disposition (Nama of comatary, cremetory or other place)											
permit. Pages 1 and Department of Health Important: If Item 27 My Injury or other th ance.		21. Signature of Funarel Servica Licensee 22. Nama and Address of Facility											
Page 8		1000	~ · 0		Du	da-Ruck	Funeral t	lovie of	Dundalk	, Inc.			
		On Date Estado discourse			79	22 Wise	Ave. Dur	idalk,	MD 2122		1000		
		23a. Part1. Enter the disaesa, or complications that caused the deeth. Do not antar the mode of dying, such es cardiac or raspiretory errest, shock, or haart failure. List only one cause on each line.								Int	proximete arval Between sat and Death		
Physician /Medical										1	isat and Death		
Examiner	ы	Immediata Causa (Fine) disaasa or condition a. Cerebral Vascular Accident (stroke)								2	days		
	1	I The state of the	C	Dua to (or a	s a consequ	uence of):				1			
p #	Examiner		b							1			
te be executed ysician end ne burial-transit	хап	Sequentially list conditions,	C	uance of):									
ate be executed hysician end the burial-transit	<u></u>	Sequantially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Diseasa or Injury	C										
physi the I	dicai	thet initieted events rasulting in daath) Lest	D	ue to (or es	e consequ	ence of):							
ath certifica attending ph for use as ti	Mec		d										
attending p	Jan J		d							1			
the a	by Physician/M	Pert II. Other significant conditions of	ontributing to death but	t not rasultir	ng In tha un	darlying causa	given In Pert I.	23b. DI	d tobacco uee co	ontribute to the	cause of death		
het the de ed by the deteched	F.	7' 7 ' 6						10	Yee 2 No	3 Probabi	ly 4 Unknow		
as the igned	þ	myocardial infarc	tion										
The lew requires thet the death certifics ate hes been signed by the attending phage 2 should be deteched for use as it								24e. Wa	as an eutopsy formed?		autopsy findings bla prior to		
s be	Completed				-			por	TOTTING	comple of daa	etion of cause		
he lew e hes age 2	E							10	IVec all No				
		25. Was casa rafarred to medical							Yas 2 No	1018	as 2X No		
certi	9 Be	axaminar?	Hospital:		MESSANTOI	-5	26. Place of Dec						
Physician: this certific ral director,	. To	1 ☐ Yas 2 ☐ No 27. Mennar of Death	1 Ku Inpatien		VOutpatient b. Tima of	3LI DON	4 □ Nursing n		sidence 6 Oti e how injury occu				
Ing Witter	lon	1 Natural 5 ☐ Pending	26a. Data of Injury (Month, Day	Year)	Injury	28c. In W	ork? □Yas 2□No	200. Dascrio	o now injury occu	1160			
Attending ir deeth. actor: Aftei by the fune	ca	2 Accident Invastigation 3 Sulcide 6 Could not be		n. At harm	fame of			20f Location	(Street on d Al	har as Burni S	nuto Alumbas		
al or Attendi sefter deeth I Director: A d In by the f	Certification:	4 ☐ Homicide datarminad	28a. Place of Injur building, atc.	(Spacify)	e, rami, stre	at, factory, offic	a	City or T	(Street and Num own, Steta)	ber or Hural Ro	outa rvum <i>ber</i> ,		
urs e	S	00-0-48											
To the Hospital or within 24 hours effer To the Funeral Directory completely filled in the form of the following t	edical	29a. Certifiar 1 X Certifying Ph	yelclan: To the best of all on the basis of a	my knowle examination	dga, daath and/or inv	occurred at tha estigation, in my	tima, date and place opinion, daath occu	, end due to the rrad et the time	e ceusa(s) and ma, date and place.	annar as state, and dua to the	d. a cause(s)		
within 2 To the Complet	Med	One)	end mannar state	ed.									
0 7 0 0	-	29b. Signature end titla of certifier				29c. Lice	nsa number		29d. Date sign	ea (Month, Dey	r, Year)		

M2568/029880

May 29,1996

Johns Hopkins Bayview Medical Center 4940 Eastern Avenue, Baltimore, MD 21224

State Registrar

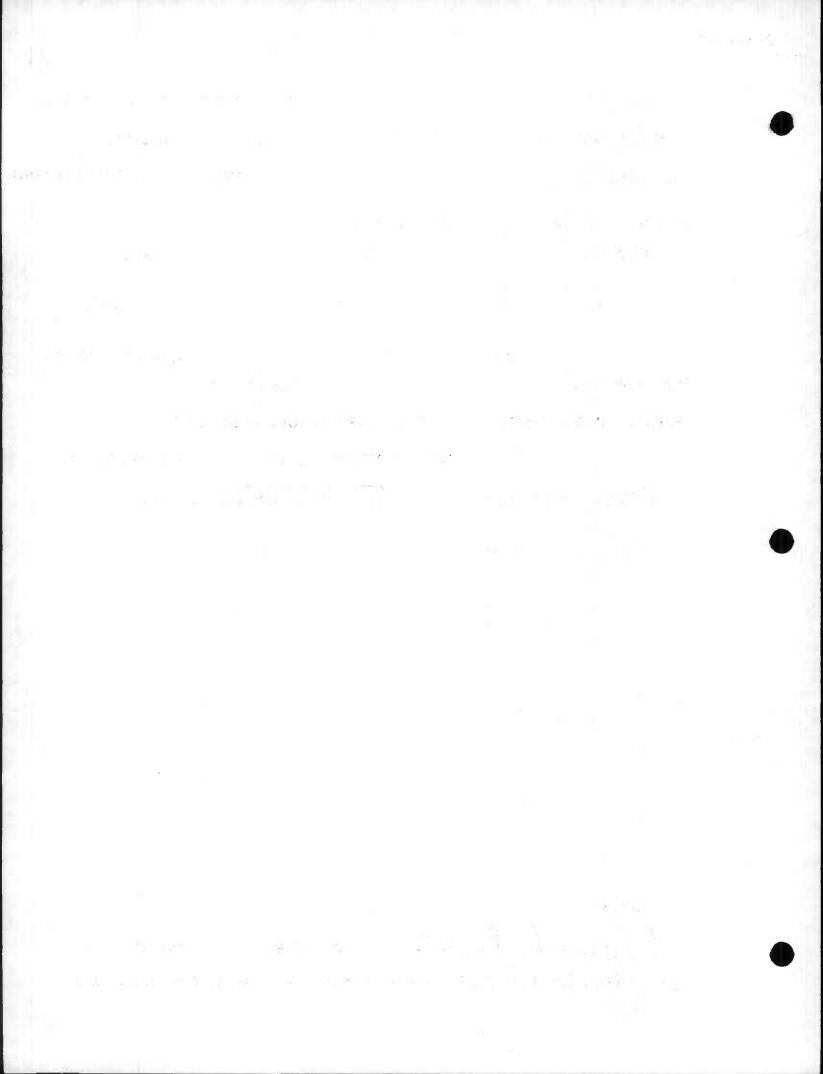


30. Nema and addrass of person who complated causa of death (Itam 23a) (Type, Print)

nd Mental Hygiene 96 15891 State of Maryland / De

epartment	01 1	realth	and	Mental	Hygiene
Cartificata	-5	Donald			

P							Ce	rtificate c	of Death		Reg. No.		13031
	Physici	an	1. Decedent's Nama (First, Mic	ldle, La	est)	* 7			DELL	2. Dete of D		Yaar	3. Tima of Death
	/Medi		ANNETTE	201100		V.	•		BELL				1:37PM
	Examir	er	4a. Facility Nama (If not institut					_	4b. City, Town, o			ty of Death	
1	_		#36 FENWAY 5. Social Security Number	-	OUTH Sex		APT #		ESSI			IMOF	
L	Funeral Director		215-40-8214 Usuel Residence of Decedent		1□ M 2√ F	7. Aga (In yrs. li 79	Yrs.	Months De		n. (Month, L	Day, Year) 13, 1916		plece (State or Foreign intry) IMORE,MARYLAN
	yland		10a. Stete 10b. Cour	ity		10c. City	, Town or Le	ocation					10d. Insida City Limits
	h the Marylan r 28a-f show	Director	MARYLAND BALTIN	ORE.		BALT	IMORE (OUNTY 10f. Zip Cod	A		10g. Citizen o	What Cou	1 Yes 2 No
	as or	O	36 B FENWAY SOUTH					21221			U.S		
	ter death frems 2	Funeral	11. Maritel Stetus		12. Was Dece	dent Evar in U,	S. 13.		of Hispanic Origin? Juban, Maxican, Pue	(Specify Yas or I		ce - Amar	ican Indian,
21215-0020	af af	by	1 ☐ Navar Marriad 2 ☐ M 3 ☐ Widowed 4 ☐ Divorce		Armed Fo 1 Tes If Yas, Giv Yeer or Do	rcas? 2.7 No va X etes:		If Yes, specify C		erto Rican, etc.)	Spec	ack, White <i>ity:</i> WH	, atc.
5-0	72 hour "netural"	Completed	15. Deced (Specify only high	ant's E	ducation		16a. Dece	dent's Usual Oc	cupetion	orkina	16b. Kind of	Business/I	ndustry
21	C .	nple	Elementery/Secondary (0-12		College (1	-4or 5+)	life.	DO NOT use re	ne during most of w tired)	Orking			
	22 72 1	Cor	12		N/A		HOMEW	KER.			HOUSEK	EEPING	-OWN HOME
Maryland	s 1 and 2 should be filed I Health and Mental Hyg tem 27 is marked othe other traumatic event,	To Be	17. Fether's Nema (First, Middle VERNON ADAM RIEDEL		0					eme <i>(First, Midd</i> 1AE BAKER	le, Meidan Sume	ime)	
ary	2 shou and M is mar		19e. Informent's Name/Reletic	nship ((Type, Print)		19b. Maili	ng Address (Str	eet end Number or	Rural Route Nurr	ber, City or Tow	n, Stete, Zi	ip Code)
	and 2 salth ar 27 is or trau		FLORENCE G. MORGA	N ((SISTER)		8 AVE	RY COURT E	BALTIMORE, N	MARYLAND 2	1237		
Baltimore,	es O		20a. Method of Disposition 1 ☑ Buriei 2 ☐ Cramatio 4 ☐ Donation 5 ☐ Other			Stete	emetery, cre	osition (Nema of metory or other)	olece) AY 28, 1996	Date	20c. Location BALTIMO		
alti	permit. Page Department of Important: If any Injury or once.		21. Signetum of Funaral Service	-		1,11,11		2. Nama and Ad				, , , ,	
m	Depa Impo any le		Mosthar	X	hood	0	1	ASSAHN FL	NERAL HOME	INC.	IACIVA AND O	1000 4	∞e
ľ	0		23a. Part1. Entar the disaese, shock, or heert feilure. L	dr com	plications that c	aused the death	. Do not en	ter tha mode of	IR ROAD BAI dying, such es card	ac or raspiratory	arrest,	1230-4	Approximata Interval Between
	Physician /Medical Examiner	Jer	Immediate Cause (Finel disease or condition resulting In death)		· Are	Due to (or	es e conse	_ Carel quenca of):	covered	on O	lbee-se		Onset and Death
60,	rificata be axecuted ng physician and as tha burial-transit	al Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	S	b	Due to (or	as a conse	quance of):	-				
Box 68760,		n/Medical	that initieted events resulting in death) Last	J	d	Dua to (or	as e consec	quence of):					
P.O. Bo	v requires that tha daath cei been signed by the attandir should be datached for use	Physician/	Part II. Other significant condi	tions	contributing to de	ath but not resu	iting In the u	inderlying causa	given In Part I.	23b. Di	1		to the cause of death
	that tha	by Pt	Chronil Ob	5	retur	. rom	oper.	NSO	ace	1	¥es 2□ No	3 🗌 Pro	obably 4 Unknow
Vital Records,	law requires as been sign t 2 should be	Completed b								24e. We	es an autopsy formed?	8	Vere autopsy findings vailable prior to ompletion of cause f death?
B	0 4 8	E								15	Yes 20 No	1	XYas 2□ No
ta	iclan: The certificata rector, pag	BeC	25. Was case refarred to medi-	al					26 Place of D	eeth (Check only	1		2.20
2	Z 00 0	ToB	examiner? 1/1 Yes 2 No		Hospital:	npatient 2 E	ER/Outpatie	nt 3 DOA	Other	Homa 5% Ra		ther (Spec	(fv)
10	Physer this		27. Menner of Deeth	4*			28b. Time o		njury at Vork?		e how Injury occi		,
3	A Party and The Full And	atlo	Z Modiderit	tigetio	n	,, 50, 100,	in july		☐ Yes 2☐ No				
É	Var.	Certification:	3 ☐ Sulcida 6 ☐ Coul 4 ☐ HomicIde dete	d not b mined	289. PIECA	of Injury - At hor ng, etc. (Specify,	me, ferm, st	reet, factory, offi	Се		(Street end Nur own, Stete)	nber or Ru	ral Route Number,
-	Political umera siy filled	edical Ce	29a. Certifier 1□ Certify	ing Ph	nysician: To the	best of my know	rledge, deet	h occurred at the	time, date end ple y opinion, deeth oc	ce, end due to th	e ceuse(s) end r	nenner as	stated.
	To the Hospi within 24 hour To the Funer completely III		ane)		and mann	er stated.	on oncor in			ouried of the time			
	To Yeith	Σ	29b. Signature and title of certif	ier	1 0	4 A . 4	\cap	170000	ense number		29d. Dete sign		
	1		1 Jaw	_	Fort	MAB			.C.M.E.		MAY 2	5, 1	.996
			30. Name and eddress of person	اها	complated cause	of eeth (Item			t, Balt	imore,	Maryla	nd 2	21201
	Sta Registr		MAY 3 0 1996	r)	Julia Davi	gistrar's Signat	ura						
	riegisti	-11	111 A A 1990	- 0			-						

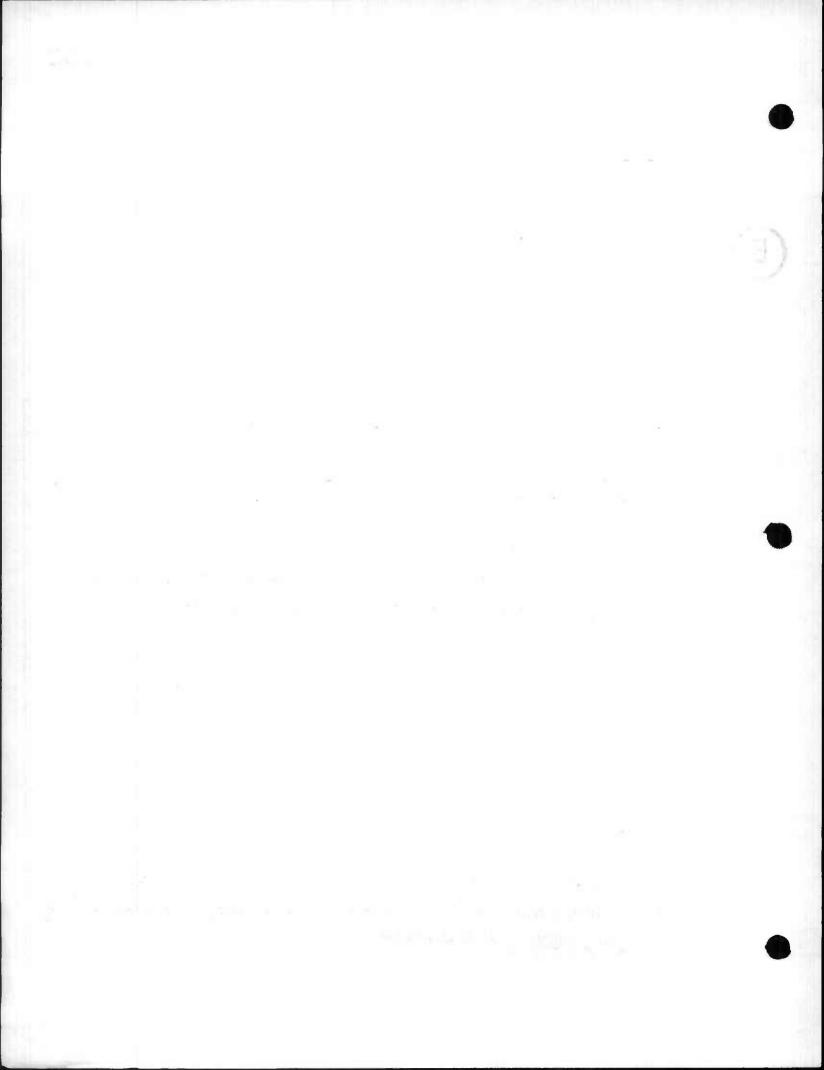


iges 1, 2, 3 should

							90	12092
	FOR 5/30/96	rebSTATE OF MA	ARYLAND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIE	NE	
	REGISTRAR Item: 1.	per F.H. G-	735 CERTIF	ICATE OF	DEATH	REG. N		
	1. DECEDENT'S NAME (First, Middle, Last, LEE)				2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
	BETTY -I	BOWSER				MAY	24 199	
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1100	BIRTHPLACE (State or Foreign Country)
	218-16-1719	1 🗆 M 2 💢 F	72 YRS.	MONTHS DATE	moons mm.	April 2	1,1924	Ohio
	9a. FACILITY NAME (If not institution, give			1000	OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
DIRECTOR	LaPlata Nursing	Home		La	Plata		C	harles
[[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
1 %	Maryland	St. Mary		1, 10111 011 200		ricsville		LIMITS?
	10e. STREET AND NUMBER	St. Mary	3	100	H. ZIP CODE	usville	I the CITIZE	1 TYES 2 NO
FUNERAL	9465 North Rice	ville Road			206	559		ted States
5	11. MARITAL STATUS 1 Never Married 2 Married		EVER IN U.S. ARMED			IIC ORIGIN? (Specify '	fes or No- 14	I. RACE — American Indian, Black, White, atc.
8	3 Widowed 4 Divorced	IF YES, GIVE WAI			S 2 (X NO Specify			Specify: White
	15. DECEDENT'S ED	UCATION	18. DECEDENT'S	USUAL OCCUPATI	041		USINESS/INDUS	
ETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of a	work done during m	ost of working	166. KIND OF E	USINESS/INDUS	SINY
P	12 Years	College (I-4 or 5 +)	Ho	usewife		Own	1 Home	
COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid		
BE C	Harry Polen				Adola	phine LaMo	tte	
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To		ode)
ř	Mr. Claire Hira	m Bowser	9465	N. Rice	ville Roo	id Mechai	ricsvil	le, MD 20659
	20s. METHOD OF DISPOSITION 1) Burlet 2 Cremetion 3 Rer	movel from State	20b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. I	OCATION - CIT	v or Town State
	4 Donation 5 Other (Specify)	TOWN TOWN STATE	Competery, cremetory or o	Cemeter	y 5/28/1	1996 1	Baltimo	re, MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME A	ND ADDRESS OF FAM	CILITY	0/ 104	ndalk, Inc.
	157	12		7922	Wiso Aug	2. Dunda	eb MD	21222
	23. PART I. Entar the diseasea, or	complications that	caused the death. Do r					
	ahock, or heart failure. IMMEDIATE CAUSE (Final	. List bnly one cause	on each line.					interval Batwean Onset and Death
	disease or condition resulting in death)	CARDINE	PULMONAR!	ARRE	ST			0.1001 4.100 00441
		DUE TO (C	R AS A CONSEQUENCE OF	F):			7.	
Z	Sequentially list conditions,	PANCR	EATIC C IR AS A CONSEQUENCE OF IC FAILUI	A, E	NDSTA	GE REA	IAL FA	PILURE
E	If any, leading to immediate	DUE TO (O	AS A CONSEQUENCE OF	F):	2 4.			
3	cause. Enter UNDERLYING CAUSE (Disease or injury	HEPATI	C FAILUI	RE, C	HOLEC	YSTECTO	MY	
E	that initiated events resulting in death) LAST	000 10 (0	R AS A CONSEQUENCE OF	F):				
CERTIFICATION		d						
. 1	PART ii. Other aignificant condition	na contributing to d	eath but not resulting	In the underlyin	g ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL			<u> </u>			1 _ YES	2 DL NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME								OF DEATH?
ä								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			LACE OF OEATH (Che	ck only one)		
YSI	1 TES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER: 4 X Nursing Hon	ne 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF IN (Month, Day,			JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUP	REO
8	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, at	NJURY — At home, term, s c. (Specify)	street, tactory, offic		281, LOCATION (Street City or Town, Star	t and Number or	Rural Route Number,
<u>E</u>				<u>.</u>				
4			y knowledge, death occurre					
COMPLETED	2 MEOICAL EXAMIN	ER: On the basis of exer	mination and/or investigation	n, in my opinion, o	leath occured at the	time, data and place,	and due to the o	eause(s) and manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM	IBER		HGNED (Month, Day, Year)
10 8	Horanham! Pt	MYSICIA.	M)		D426	31	5.	25.96
	30. NAME AND ADDRESS OF PERSON WITH	HAM,	OF DEATH (ITEM 27) (Typo, 502/SEM	Print) IMARY	ROAD,S	SUITE 10	6,ALE	XANDRIA, VA
	, 0						,	22311

31. DATE FILED (Month, Day, Year)
MAY 3 0 1996

32. REGISTRAR'S NIGNATURE

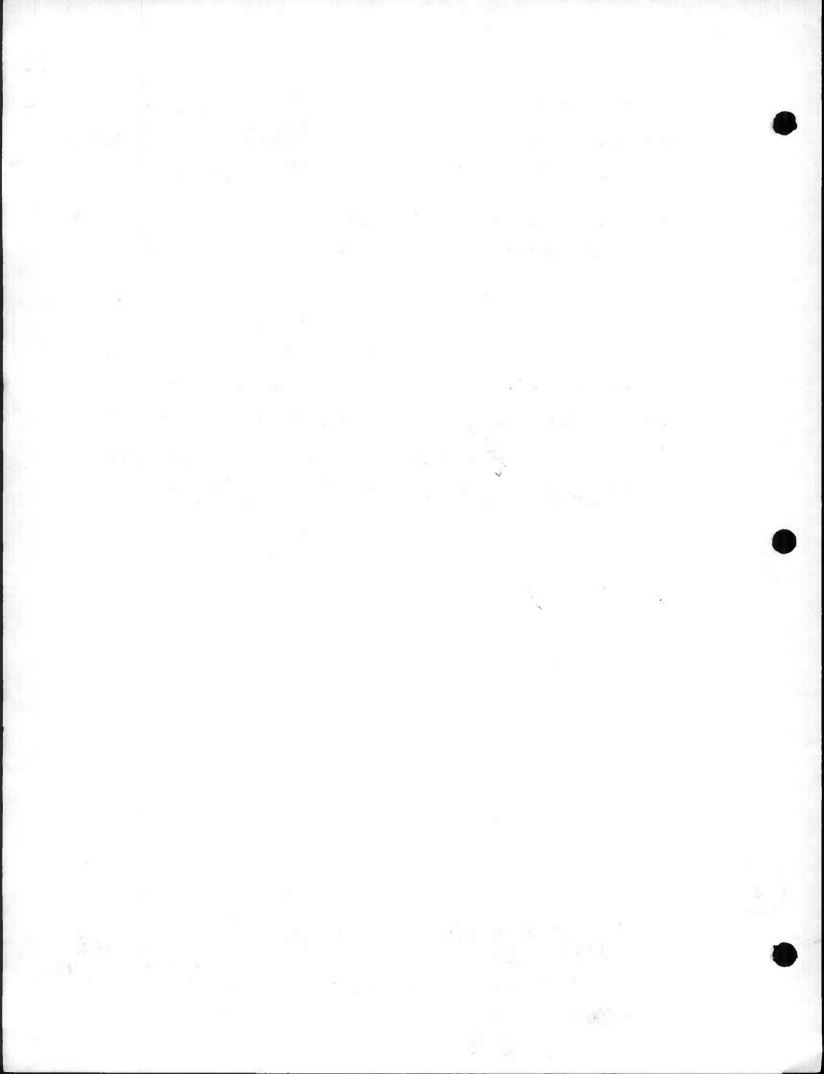


State of Maryland / Department of Health and Mental Hygiene

15893 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician JOHN** BLAKE MAY 24, 1996 06:51 AM /Medical 4e. Feclity Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner BALTO. BALTIMORE CITY MARYLAND GENERAL HOSPITAL 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. Birthplece (Stete or Foreign Country) 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) **Funeral** Deys 1曲M 2□F Yrs. Director 59 10/21/36 MD 213 32 6814 Usuel Residence of Decedent the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or Itema 23a or 28a-f show other traumetic event, the Medical Examinar must be notified at 1 ☐ Yes 2 ☐ No Director BALTIMORE CITY BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? WEST CROSS ST. 1221 21230 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 ☐ Never Merried 2∰ Married 1 Yes No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ∰ No þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry oe filed within 7 all Hyglene. Elementery/Secondery (0-12) College (1-4or 5+) STATION ATTENDANT M.T.A. 12 permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy important: If Item 27 is marked other any injury or other traumatic event. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be JOHN TERRY W. REBECCA BLAKE 19e. Informent'e Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 1221 W. CROSS ST. BALTIMORE, MD. 21230 PATRICIA BLAKE WIFE 20b. Plece of Disposition (Name of cemetery, cremetery or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) RANDALLSTOWN, MD. KING:S PARK 5/28/96 21. Signature of Funeral Service Licansee 22. Neme and Address of Fecility ESTEP BROTHERS FUNERAL HOME P.A. 1 1300 EUTAW PL. BALTO, MD. 23a. Pert1. Enter-trie disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical MINUTES CARDIOPULMONARY Examiner MINUTES AWIE MYOCARDIAL physician end s the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last CARDIOVASCUAR DISEASE Box 68760. THEROSCUTIONIC Physician/Medical Due to (or es e consequence of) Y FARLY PERCION Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. sion of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown END STAGE RENAL DISEASE 29 # (2) þ DIADETES MELLINS 24b. Were eutopsy findings availeble prior to completion of ceuse of death? 24e. Wes an eutopsy performed? Completed 1 ☐ Yes 2 No 1 🗆 Yes inding Physician: 25. Was case referred to medical examiner? Be 28. Place of Deeth (Check only one) xaminer? 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the cause(s) and menner as steted.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner stated. 29e. Certifier Medical To To 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) BALTIMONE MAZ 22239 d cause of deeth (Item 23a) (Type, Print) 30. Name end eddress of person who comple JUIS F. GIMENEZ MO SGOI LOCH PAVEN BLUD. (SUITE 208 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature-State MAY 30 1996 Registrar



		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC				IENE . NO.			
		t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH	3. TIME OF DEATH		
		CLARENCE EUGENE 4. SOCIAL SECURITY NUMBER					May 25	, 1996	6:50A		
pir		233-26-3966	1 × M 2 F 7		HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye JULY 3	er)	BIRTHPLACE (State or Foreign Country) West Virgini		
3 should	<u>a</u>	9a. FACILITY NAME (If not institution, give str VA Maryland Heal				Doint	EATH		Y OF DEATH		
1, 2,	5	RESIDENCE OF DECEDENT	Cir Care Dybi			Point		Cec	:11		
permit. Pages	- DIRECTOR	Maryland 10e. STREET AND NUMBER	Baltimo		OWN OR LOCAT		ıt Howarı	d	10d, INSIDE CITY LIMITS? 1 YES 2 X NO		
	FUNERAL	9425 North Point				. ZIP CODE	21 052	Uni	n of what country? ted States		
21215-0020 all or attending physician. for use as the burial-transit	ВҰ	11. MARITAL STATUS 1 Never Married 2 🕅 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1XXYES IF YES, GIVE WAR OR D.	2 NO	If yes, spe	ENDENT OF HISPAI ecify Cuban, Maxica 2 (X) NO Specifi	n, Puarto Rican, et	fy Yan or No— 14 c.)	RACE — American Indien, Bleck, Whita, etc. Specify: White		
or atter	田田	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	t6a, DECEDENT'S US (Give kind of work	done during mo	ON st of working	16b, KIND O	F BUSINESS/INDUS	TRY		
AND 2- the hospital o detached for once.	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ilite. Do NOT use in	rician		D	ailroad			
the hos detach	OM	17. FATHER'S NAME (First, Middle, Last)			acun	ta. MOTHER'S NA	ME (First, Middle, M				
RYL ad by t	1 111	Clark M. Cox						lanch Ho			
MARYLAND retained by the hospitu 5 should be detached notified at once.	5	19a. INFORMANT'S NAME (Typo/Print) Wis. Isabel Eliza	abath Car					or Town, State, Zip Co			
	1 1	20a, METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Remov	20b	PLACEANDDATEOF	ISPOSITION /No.	me of	DATE 20	c LOCATION - CIN	ryland 21052 y or Town, State		
NO Sage 6 directe		14 Donation 3 Ramoval from Stata cemetery or other place Ducancy Valley Mem. Pk. 5/29/96 Timonium, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
		Duda-Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk, MD 21222									
n by remo		23. PART I. Enter the diseases, or co- shock, or heart fellure. L	emplications that caused ist only one cause on a	the deeth. Do not	enter the mo	de of dying, suc	h as cerdiac or	respiretory arres	t, Approximata interval Between		
y filled i		iMMEDIATE CAUSE (Finel disease or condition				Onset and Deat					
Fate +		resulting in death) a	ACUTE MYOCA	RDIAL INF	ARCTION	J			30 Mins		
	z		CORONARY AR	736507657	ASE				Unknown		
OX 68 e be execute sician and c nior to buria traumatic	RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):					O Barown		
O. BC ertificate ing physic giene pri	SE	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
O T D	141	resulting in deeth) LAST							į		
- 2 4 2 E	L CEI	PART II. Other significent conditions	contributing to deeth b	ut not resulting in t	he underlying	cause given in	Part I. 24a, W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
CORD; res that the igned by the ealth and M rs any inju							PE	RFORMED? ES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
RE required of H	ME	DID TOBACCO USE CONTR	IDLITE TO CALISE O	E DEATH VEC		LINICEDYALA			t 🗌 YES 2 🗍 NO		
AL has Der	IAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (UNCERTAIN	и Ц Т				
SICIAN: The certificate the State (PHYSICI		HOSPITAL: t Inpatient 2 ER/Outp		THER: Nursing Home	5 Rasidence	6 Other (Specify)			
NO OF VI NG PHYSICIAN: ther this certifica the with the St marked, or it		27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOI	RK?	28d. DESCRIBE H	OW INJURY OCCUP	IED		
WDING NUDING HEATH	ВУ	2 Accident Investigation	26s. PLACE OF INJURY	— At home, term, etre-		ES 2 NO	28t. LOCATION (Street and Number or Rural Route Number,				
28 afe	TED	4 Homicide datarmined	building, etc. (Spec	ify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town,	State)	norm route season,		
TAL OR A AL DIREC 72 hours	APLE		AN: To the best of my knowl								
THE HOSPITAL THE FUNERAL filed within 72 I	COMPL	2 MEDICAL EXAMINER:	On the beals of exemination	and/or investigation, in	n my opinion, de	iath occured at the	time, data and plac	e, and due to the c	ause(a) and manner as stated.		
물 물 물 등	H(PRE BICHANSURE AND TYPE OF CENTIFIER	7			29c. LICENSE NUM			IGNED (Month, Day, Year)		
2 2 3 W	0/	SO NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pris	nt)	D32395	-	5/2	25/96		

M.D. VA Maryland Health Care Systems, Perry Point, MD 21902

DHMH-16 Rev 1/89



THOMAS FINUCAN, M.D.

31. DATE FILED (Month, Day, Year)

MAY 3 0 1996

July 1

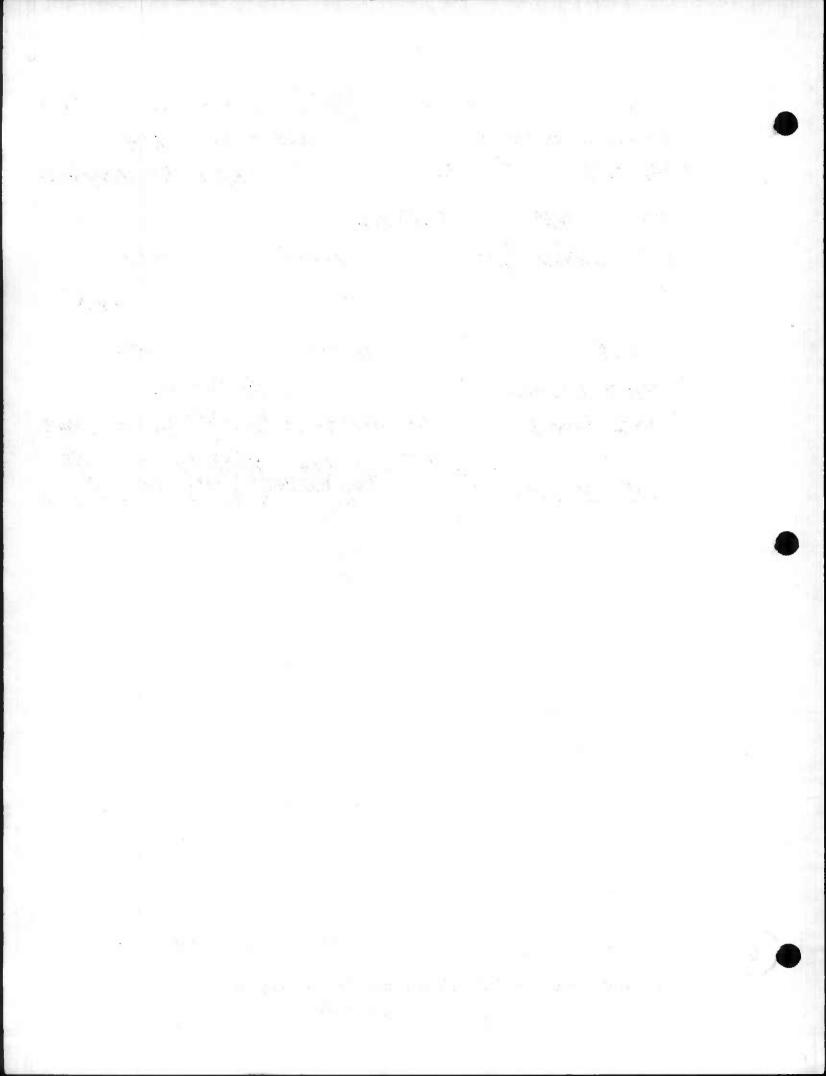
THE THE STATE OF T

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

				Certificate o	t Death	Reg. No.			
Phys	sician	Decedant's Nama (First, Middla, La				2. Data of Death	3. Time of Death		
	edical	Lee	Cronw	ell		May 28, 1996	6:35 AM		
A .	miner	4a. Facility Nama (If not institution, given Maryland General			4b. City, Town, or Lo Baltimor		y of Death		
Fune	ral		Sax 7. Aga (In xrs. la	ast birthday) If Undar 1 Yea		10/	9. Birthplace (State or Foreign		
Direct		213-26-0504	10 M 20 F 90	Yrs. Months Day	s Hours Min.	8. Data of Birth (Month, Day, Year)	Mondon		
9		Usual Rasidanca of Dacedant				14/11/1/1/	The state of		
lenylan show		10a. Stata 10b. County	10c. City	, Town or Location			10d. Inside City Limits		
the Meryla 28a-f sho	ct o	11/2, 10,	A 7	ALTIMORE			1 PYas 2 No		
# 22 #	S. e.	10e. Street and Number	Atr 2	10f. Zip Code		10g. Citizan of	What Country?		
th w	<u>e</u>	1701 Bulan	V / LOCK	2	1217	1/25	2,A		
	Funeral Director	11. Marital Status	12. Was Decedant Evar in U.S Armed Forcas?	S. 13. Was Decedent of If Yas, specify Cu	f Hispanic Origin? (Spe Joan, Maxican, Puarto	oclfy Yas or No-	ce - Amarican Indian, ick, Whita, atc.		
20 sette	YF	1 Navar Married 2 Married	1 Yas 2 No	1□ Yas 2₽N		Specia	0/		
15-00:	d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas:				144		
	Completed	15. Decedant's E (Specify only highast gro	ducation ada compiatad)	16a. Decedent's Usual Occ (Giva kind of work don	upation a during most of worki red)	ng 16b. Kind of E	Business/Industry		
laryland 212. 2 should be filed within and Mental Hyglene. 5 marked other than surmatic event.	d m	Elamantary/Secondary (0-12)	College (1-4or 5+)	Ma DO NOT USA 1811	7	Ho	ME		
d Hyg	Ö	17. Fathar's Nama (First, Middle Last)	11/11/	18. Mothar's Nama	(First, Middle, Maidan Sumai	ma)		
Maryland d 2 should be file th and Mental Hy T is marked other	To Be	Tradun Po	non eer))		Ton To	4 Tipport	riedy		
aryla should and Men marks	Ĕ	19a. Informant's Name/Ralatip¶ship (Type Print)	19h Malling Address /Stre	et and Number or Pure	I Route Number, City or Town	State Tip Code)		
		TOTAL TRA	11156	HM MM	in am I ha	101,40700	7 MAD 11000		
1 end 1 Heelth Heelth em 27		20a. Method of Disposition	20b. Pla	ace of Disposition (Nama of	1600 1413	Data / 20c. Location	- City or Town, Stata		
no of or or or or or or or or or or or or or		1 DeBurial 2 Dependen 3 E	Removal from State	matary, cramatory or other p	lace)	1.101.1	MA		
Baltimore, hearth Pages 1 end Depertment of Heelth Important: if Item 27 any injury or other tr		4 □ Donation /5 □ Other (Specifical Signature of Beheral Service Licer		22. Natile and Ade	500, 4	11/14 LAWSTO	MINS (1/1)		
Ba Ben	Buce	NI DE	///	GARV	PINIAPCA	HINDRAL 1900	B VIA		
		X001 /1 /	pres	270 TR	DHILTON	TASS BALT.	mp, 21229		
100		23a. Pass Enter the disaasa, or com shock or earl feilura. List only	plications that caused the death. one cause on each line.	Do not antaf tha moda of d	ying, such as cardiac o	r respiratory affast,	Approximate tntarval Batween		
Physicia /Medic		tmmedian Causa (Final	0	D: 1. T	/D 34 .		Onsat and Death		
Examin	-	disaasa or condition rasulting in daath)	aor	Right Lung w	/Bone Meta	stasis			
	6		Ischemic Card	as a consequence of):					
nsit Ted	Examiner		b						
), execut al-tre	Exa	Sequentially list conditions, if any, leading to immediate causa. Entar Undarlyling Cause (Disassa or Injury that initiated avants	Dua to (or	as a consequanca of):					
760 a be a sicla	a	Cause (Disaasa or Injury that initiated avants	C						
certificate be executed ording physician and see as the burial-trensit	√Medicai	rasulting in death) Last	Dua to (or	as a consequance of):					
			d						
D ta ta to	Physicial	Dod II. Other elemificant conditions of	and the standard beat and a	Marchael Carlotte		Lage Middle			
P.O. at the de d by the letached	hys	Part II. Other significant conditions of		givan in Part I.	23b. Did tobacco use contribute to the cause of deat				
that the determined to	by P	Chronic Obstruct	ive Pulmonary	Disease		1 ☐ Yes 2 ☐ No	3 Probably XUnknown		
Division of Vital Records, or Attending Physician: The law requires the start death. Director: After this certificate has been signed in by the funeral director, page 2 should be events.						24a. Was an autopsy	24b. Wara autopsy findings		
w require	ete					performed?	available prior to completion of cause of daath?		
I Rec The faw ate has b	Completed					1 □ Yas 2 □ No			
Vital Filter: The certificate rector, pag		25. Was casa rafarred to madical			OC Plans of Death		1 ☐ Yas 2 ☐ No		
of Vital Rephysician: The lay this certificate has rai director, page 2	To Be	axaminar? XX 1 ☐ Yas 2 ☐ No	Hospital: XX Inpatiant 2 E	R/Outpatient 3 DOA	26. Pleca of Daath	na 5□ Rasidanca 6 □Otl	nos (Cognita)		
Phy Physeral of		27. Meximar of Death ☐ Natural 5 ☐ Panding		28b. Tima of 28c. Inj		28d. Dascribe how Injury occu	rred		
On other	atio	f Natural 5 Panding 2 Accident investigation			ork? □Yas 2□No		24		
Oivision or Attending efter deeth. Director: After in by the fune	100	3 ☐ Suicida 6 ☐ Could not b	28a. Place of injury - At non	na, farm, atreet, factory, offic	9 2	28f. Location (Streat and Num	ber or Rural Routa Number,		
	Certification:	4 ☐ Homicida datermined	building, atc. (Spacify)			City or Town, Stata)			
Division of Attending Ph. St. Abrours effer deeth. Funeral Director: After thiseled in by the funeral election.		29a. Cartiflar 1 Gertifying Ph	ystclan: To the best of my know	ledge, daath occurred at the	time, dete and placa, a	and dua to tha cause(s) end m	ennar as stated.		
24 Fu	edical	(Check only 2 Medical Exam	niner: On the basis of examination and manner stated.	on and/or invastigation, in my	opinion, daath occurre	ed at the time, date and place,	and dua to tha cause(s)		
12 26	Σ	29b. Signatura and titla of certiflar			nse number		ed (Month, Day, Year)		
0		> Mels way	4a 1	\mathcal{N}, \mathcal{D} . 89	263	May 28	, 1996		
(')		30. Nama and eddrass of person who		23e) (Type, Print)					
3			skaya, M.D. c/o	Maryland Ger	eral Hospi	tal			
10000	State	31. Data filed (Month, Day, Year)	32. Registrar's Signatu	178 Navidson-Ronda	02				
Regi		5728 96 MA	Y 3 0 1996	2. Kandson-North					



16		FILM G-735 5/30/9			(epartment Certificate	of .	Death		2. Dete of D	Reg. No.		ט	1 5 8 9 6
ysicia Medica		GERALD	J.			CHI	ODO)		MAY Month	23	29	96	2245
amine		4a. Fecility Neme (If not Institution ATLANTIC GEN 5. Sociel Security Number	ERAL 6. Sex	HOSPITA 7. Age (In	AL yrs. last birth	dey) If Under 1	1 Year	BERI if Under	IN 24 Hrs.	8. Dete of B	WO	RCES	STEI	Riece (State or Fore
ctor		132-68-0892 Usuel Residence of Decedent	1∏M 2	2□ F	21 Y	Months	Deys	Hours	Min,	Aug. 1	6 197	4	N€	w York
O'led at	ctor	10e. Stete 10b. County New York Nassat		100	East I	or Location Meadow							10	0d. Inside City Lim 1 ☐ Yes 2√1
ust be notifie	al Directo	10e. Street and Number Bernard Stree	t 581			10f. Zip 0					10g. Citiz	u.S.		try?
Examiner	by Funeral	11. Maritel Stetus 1 Never Merried 2 Mer 3 Widowed 4 Divorced	12. We Arried 1 [es Decedent Ever med Forces? Yes 2 X No Yes, Give per or Detes:	In U,S.	13. Was Decede If Yes, specif	ent of H fy Cube	lispenic Ori an, Mexicar Specify:	gin? (Spi n, Puerto	ecify Yes or N Rican, etc.)	0- 1	4. Race -		
Medical Exa	Completed	15. Deceder (Specify only higher Elementary/Secondary (0-12)			(Decedent's Usuel Give kind of work life. DO NOT use	done i	during mos	t of work	ing	16b. Kin	d of Busi		
6	a	12 17. Fether's Neme (First, Middle)	1	VA	Car	opet Ins	tal	ler 18. Mothe	er's Ne me	e (First, Middl	Carp e, Maiden S	et I Sumeme)	nsta	llation
other traumatic ev	٥	Gerald 19a. Informant's Neme/Reletion	Chic ship (Type, Pri		19b.	Melling Address ((Street		tric eror Run		ber, City or		Groc tate, Zip	
any injury or other tonce.		Patricia Chi. 20e. Method of Disposition 1 Disposition 2 Cremetion 4 Donetion 5 Other (4) 21. Signature of Funeral Service	3 □Remove Specify)	ei from Stete	Ob. Plece of I	mard St Disposition (Neme cremetory or oth	e of her plea		st M	eadow,	20c. Loc	eation - C	ity or To	
10 m		DU 11	111	/ //	/	ood Ceme 22. Neme end W. Dabro	OWS	ki/Ch	ojna	cki F.	H. P.	Α.		Υ.
cian ical iner	Jer	23a. Part1. Enter the disease of shock or heart failure. Us Immediate Cause (Finel disease or condition resulting in deeth)	c complications to only one pau	thet caused the	death. Do no	W. Dabro 1005 Du t enter the mode	ows nda of dyir	ki/Ch	ojna e. B cardiec d	cki F.	H. P.	Α.		Approximate Interval Between Onset end Deeth
cian ical iner	Examiner	23a. Part I Enter the disease of shock by heart failure. Use Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	c complications to only one pau	thet caused the end of each line.	CK INJU	W. Dabri 1005 Du t enter the mode	ows nda of dyir	ki/Ch lk Av ng, such es	ojna e. B cardiec d	cki F.	H. P.	Α.		Approximate Interval Between
cian ical iner	edical	23a. Part1. Enter the disease, o shock, be heart failure. Us	c complications to only one pau	thet caused the see on each line. HEAD AND NE	death. Do not consider to (or es e consider to conside	W. Dabry 1005 Du it enter the mode RIES	ows nda of dyir	ki/Ch lk Av ng, such es	ojna e. B cardiec d	cki F.	H. P.	Α.		Approximate Interval Between
isched for use as the buriel-fransit	Physician/Medical	Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	a. H	thet caused the end on each line.	death. Do not consider to (or es e consider to (or	W. Dabry 1005 Du t enter the mode RIES ensequence of): ensequence of):	OWS Inda of dylin	ki/Ch 1k Av ig, such es	ojna e. B cardiec	cki F. alt., pr respiretory	H. P. MD. 2 arrest,	A. 1224		Approximate interval Between Onset and Deeth Onset and Deeth of the cause of death of th
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29b. Signeture end title of certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) end menner es stated.

**Partition of the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete and piece, end due to the cause(s) end menner stated.

29c. License number 29d. Date signed (Month, Dey, Year)

30. Name and eddress of person who completed cause of both (Item 23e) (Type, Print)

The Date M. King 111 Penn Street, Baltimore, Maryland 21201

State Registrar

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ITEMS: 23 PART I, 27, PER State of Maryland / Department of Health and Mental Hygiene MED FILM G-736 6/7/96 t.t

Certificate of Death

Physician
/Medical
Evaminer

Funeral Director

Pages 1 end 2 should be filed within 72 hours efter deeth with the Marylend ment of Heaith end Mentel Hygiene. Department of Health e Important: If Item 27 is any Injury or other tra

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires thet the deeth certificate be executed within 24 hours effer deeth.

To the Funeral Director: After this certificate has been signed by the ettending physician end completely filled in by the funerel director, page 2 should be deteched for use as the buriel-transit Be Completed by Certification: To

Division of Vital Records, P.O. Box 68760.

To Be Completed by Funeral Direct Physician/Medical Examiner

1. Decedent's Nema (First, Middla, Las	t)			2. Data of Death			. Tima of Death
ANTHONY	CLAR	K		MAY 27	Dey 199	6 Yaar	7:10 PM
4e. Fecility Nema (If not institution, give	street end number)		4b. City, Town, o	r Location of Death	4c. County	of Death	
3108 LEIGHTON	N AVE.		BALTI	MORE		NIA	
5. Social Security Number 6. Se 214-64-8546	TH OF 117		Yeer If Under 24 Hr Days Hours Mir		18,1956	9 Birthplace Gountry)	(Stete or Foreign
10a, Stata 10b, County	10c. City, Town	or Location Himor	e				Insida City Limits 1) Yas 2 No
3108 Leigh	ton Ave	10f. Zip Co	1215	10	g. Citizan of V	Whet Country?	
11. Maritel Stetus 12. Naver Merried 2 Merried 3 Widowed 4 Divorced	12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 10 No If Yas, Giva Yaer or Datas:	13. Was Dacedan If Yes, specify	nt of Hispanic Origin? (Cuben, Maxican, Pua No Specify:	Specify Yes or No- irto Rican, atc.)		e - American I ck, Whita, atc.	ndian,
15. Decedent's Edu (Spacify only highest grad Elamantary/Secondery (0-12)	ucation 16a.	Decedent's Usuai ((Giva kind of work of jifa. DO NOTjusa)	dona during most of w	orking 10	Sb. Kind of Bu	usiness/Indust	
17. Fathar's Nama (First, Middle, Last)	0 1	anayi	18. Mother's No	eme (First, Middle, Me	UDII(aidan Sumam		ruice
IZel Clar 19a. informant's Name/Reletionship, (7)	K	Bacilia - Address (6	Virg	inia:	Jigge	etts	4.1
Mr.+ Mrs. Izel	Clark 31	08 Le 10 Disposition (Name	hton A	ve. Bal-	to, Me	City or Town,	215
1 Burlai 2 Cramation 3 6 4 Donation 5 Other (Specify,	Ramovel from Stata cemeter	T. ZIO	n place)	5/31/96 L	ansa	downe	11
21. Signatura of Funeral Service (Scens	L. Kuss	Joseph	Addrass of Facility L. Russ W. North	Funera Ave. E	y Hora	me Md.	21216
23a. Part1. Enter the disease, or comp shock or heart failure. List only o			of dying, such as cardi	ac or respiretory erres	St,	frite	proximata ervel Batween sat and Death
immediata Causa (Final diseasa or condition rasulting in deeth)	CIRRHOSIS OF LIVER						
	Dua to (or es a c	onsequanca of):					
Sequantially list conditions, if eny, leading to immediata cause. Entar Undarlying Ceusa (Diseese or injury	Dua to (or as a c	onsequance of):				1	
that initiated avants rasulting in daath) Last	Dua to (or as a co	onsequanca of):					
Post II Obbarata Miles de addition	W			L con milities	2001 111012		
Part ii. Other significant conditions co	ntributing to death but not resulting in	the undarlying caus	sa givan in Part f.	23b. Did tob	/		y 4 Unknown
	-			24a. Was an performe	? Pe	avellet comple of deal	
25 Was case referred to medical			00 Bi - 1/4 B	1 ☐ Yas		1 Y 8	as 2 No
25. Was case refarred to medical axaminer? XXVas 2 No	Hospital: 1 ☐ Inpatient 2 ☐ ER/Out	petient 3□ DOA	Other	eath (Check only ona		or (Cocattal	
27. Mannar of Deeth	28a. Data of Injury 28b. T		4 Nursing Injury at Work?	28d. Dascribe hov	ce 8 Oth		
1XXNetural 5 Panding Invastigation	(Month, Day Year) in	jury M	Work? 1 ☐ Yas 2 ☐ No				
3 Suicida 6 Could not be determined	28a. Placa of tnjury - At home, fer building, etc. (Specify)	m, street, factory, o	ffice	28f. Location (Stre City or Town,	et and Numb Stete)	er or Rural Ro	outa Number,
29e. Certifiar 1 ☐ Certifying Phy	sician: To the best of my knowledge,	deeth occurred et l	tha tima, data and plac	ca, and dua to tha cau	ısa(s) and ma	nnar as state	d.

State Registrar

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29c. License number

29d. Dete signed (Month, Day, Year)

O.C.M.E.

MAY 28, 1996

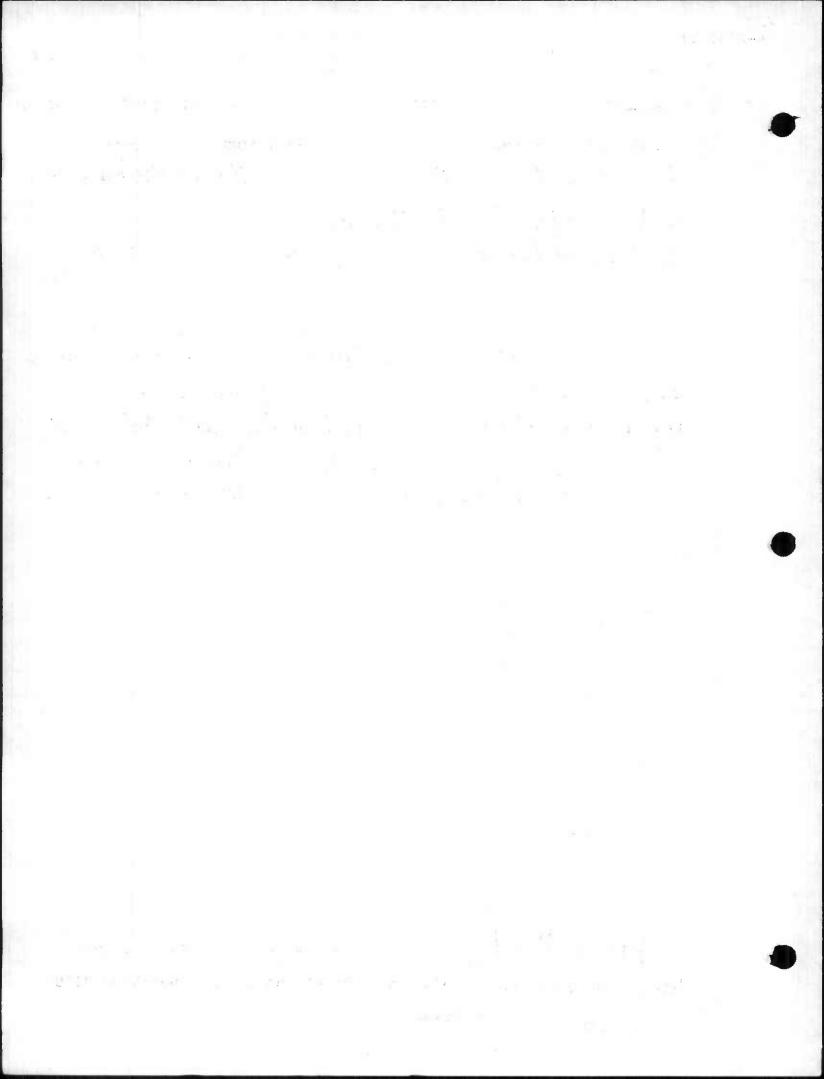
complated cause of death (item 23e) (Type, Print)

MAMANTO 111 Penn Street, Baltimore, Maryland 21201

31. Data filed (Month, Dey, Year)

29b. Signaura and title of certifian

32. Registrar's Signetura



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 15898 Certificate of Death Item: 1.per F'.H. G-735 5/30/96 reb

1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Year 96 Month Ray Mond 3:

4a. Facility Name (If not Institution, give street and number) 26 12:10AM 4b. City. Town, or Location of Death 4c. County of Death Johns Hopkins Bayview Medical Ctr. Baltimore City 5. Social Sacurity Number If Under 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) 10℃M 2□ F Days 78 216-10-4194 Jan. 20.1918 Pennsylvania Usual Rasidance of Decedant 10a Stata 10h Counts 10c. City, Town or Location 10d. Inside City Limits Eastwood 1 Tyas 2 TANO Maryland Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21224 7327 Conley Street United States 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Nevar Married 2 € Married 1 X Xas 2 □ No It Yas, Giva Yaar or Datas: 1 ☐ Yas 2 Ø No Specify: WWII Specify 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coilega (1-4or 5+) Ship Building 8 Years Burner 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Mary DiGuillo Vincent Celio 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Eastwood, Maryland 7327 Conley Street Mrs. Grace Elizabeth Celio 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata **Burial 2 Cramation 3 Ramoval from Stata Oak Lawn Cemetery 5/30/1996 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licen 22. Nama and Addrass of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD INF. Entar tha diseasa, or complications that caused tha death. Do not antar tha moda of dying, such as cardiac or raspiratory arrest, nock, or haart failure. List only one cause on each line. Approximata Interval Between Onsat and Death Immediata Causa (Final disaasa or condition rasulting in death) luna Cancer

Physician /Medical Examiner

physicien and the buriel-transit

for use es

signed by the e

peed has

certificate

Hospital or Attanding Physician: 24 hours after death.
Funeral Director: After this certifica

To the Hospital or Attal within 24 hours after ded To the Funeral Director completely filled in by th

Division of Vital Records, P.O. Box 68760,

Physician

Examiner

Funeral

Director

28s-f

8

Baltimore, Maryland 21215-00

pernit. Peges 1 and 2 should be filed within: Department of Health and Mental Hygiena. Important: If itam 27 is marked other than "

other

any injury or

/Medical

Director

Funeral

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Completed

Physician/Medical P Completed Certification:

rasuming in death)	Dua to 70	or as a consequance of)										
Sequentially list conditions, if any, leading to immediate	b. — Dua to (d	or as a consequance of)										
cause. Entar Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last	c. Dua to (c	C. Dua to (or as a consequence of):										
	d											
Part II. Other significant conditions	contributing to death but not ras	ulting in the underlying	causa givan in Part I.	23b. Did tobacco use con	atribute to the cause of death?							
				24a. Was an autopsy performed?	24b. Wara autopsy findings available prior to completion of cause of death? 1 Yas 2 No							
25. Was casa ratarred to medical			26. Placa of De	eath (Check only ona)								
axaminer? 1 ☐ Yas 2 ① Nб	Hospital: 1 1 Impatiant 2	ER/Outpatient 3□ D	OA Othar: 4 Nursing	Homa 5 ☐ Rasidance 8 ☐ Othe	ar (Specify)							
27. Mannar of Death 1 Divatural 5 Pending 2 Accidant Invastigation	28a. Data of injury (Month, Day Year)	28b. Tima of Injury M	28c. Injury at Work? 1 ☐ Yas 2 ☐ No	28d. Dascribe how injury occurr	ed							
3 Suicida 6 Could not datarmine		oma, farm, straat, tactor	y, offica	28f. Location (Street and Numb City or Town, Stata)	er or Rural Routa Number,							
29a. Certifier 1 Certifying P	hysician: To the best of my knominer: On the basis of examine and manner stated.	wledga, daath occurred tion and/or invastigation	at tha tima, data and piece, in my opinion, daath occ	e, and dua to the causa(s) and ma surred at the time, date and place, a	nnar as stated. and dua to tha cause(s)							

29c. Licansa number

D47009

29d. Data signed (Month, Day, Year)

Bayview 4940 Eastern Ave. Baltimore, MD

State Registrar

Medical

ot person who completed cause of daath (Itam 23a) (Type, Print)

Johns Hopkins

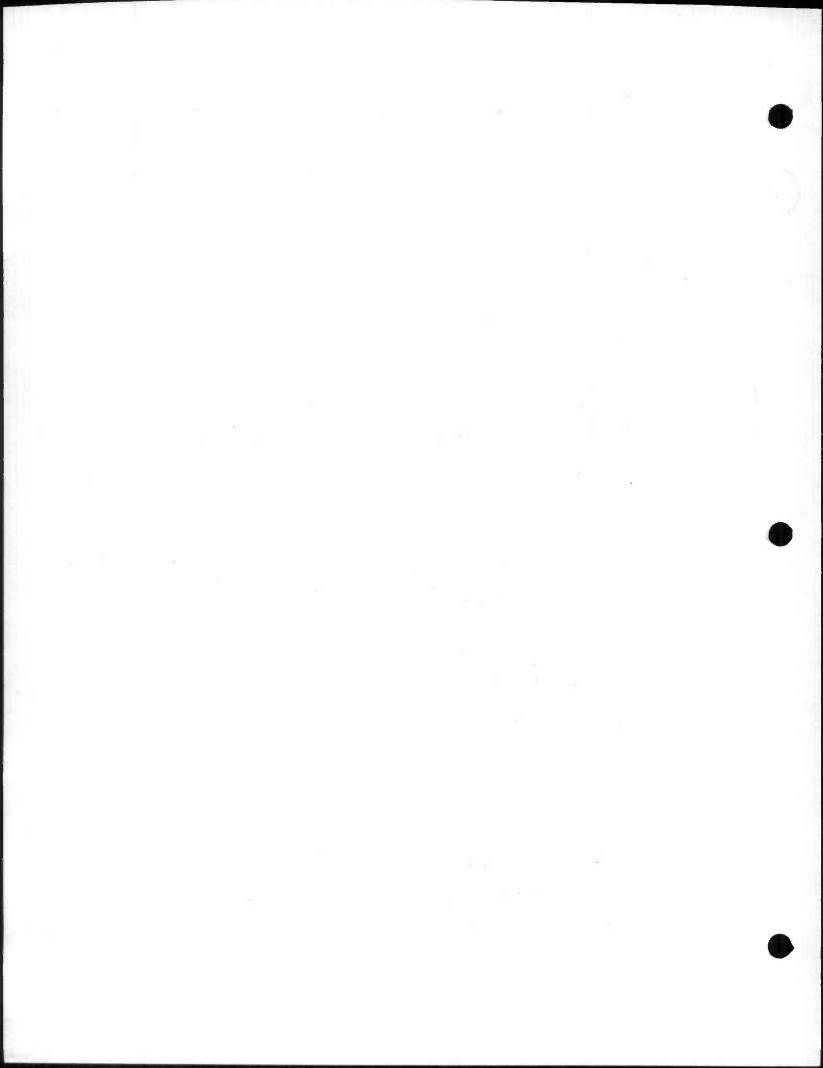
29b. Signatura and titla of certifiar

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writims 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
MAY 3 0 1996

								96	158	399
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF			ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		2000	IOAIL O	- DEAI		2. DATE OF DEATH MONTH _DA	(Y _ Y	ZEAR 3. TIME C	F OEATH
- 3	Richar	1) 601	KM19	3	•		MAY 2	7 90	0/0	DA .
	4. SOCIAL SECURITY NUMBER		yrs. last billhday)	MONTHS DAY		MIN.	Z. DATE OF BURTH (Month, Dec. Year)		BIRTHPLACE (St.	ste or Foreign
	212-56-2734	1 <u>F</u>	45 YAS.				Oct. 16,		M)
œ	9e. FACILITY NAME (If not institution, give str	-			N OR LOCATIO		ATH	9c. COUNTY		
DIRECTOR	Bons Secours H	ospital		Ba1	timor	re		N/	/A	
EC	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LO	CATION				10d. INSI	
	MD	n/a		Baltim	ore				LIMIT YES	2 NO
AL	10e. STREET AND NUMBER				101. ZIP CODE	E		10g. CITIZEI	N OF WHAT COU	NTRY?
FUNERAL	249 N. Payson	St.			212	223			USA	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN					C ORIGIN? (Specify Yee	or No — 14	. RACE — Americ	an Indian,
ВУ Е	1 Nerried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			Specify Cubsines 2 1 10 10 10 10 10 10 10 10 10 10 10 10 1		Puerto Rican, etc.)		Black, White, et	
DB										Lack
ш	15. DECEOENT'S EOUC (Specify only highest grade		(Give kind of	work done during	ATION most of workin	ng	16b. KIND OF BUS	INESS/INDUS	TRY	
E	Elementary/Secondery (0-12)	College (1-4 or 5+)	Me. Do NOT L				Auto			
COMPLET	1 2.th		Auto	Mecha	-					
	Richard L. C.	raig, Sr.					ian Thor			
BE	190, INFORMANT'S NAME (Type/Print)	targ/ Dr.	19b. MAII IN	G ADDRESS (Str			oute Number, City or Tow.			
5	Lillian Craig						Balto.,			
	20e, METHOO OF DISPOSITION	20b.	PLACE AND DATE			St.			21223 y or Town, State	
	12 □ ABurlet 2 □ Cremetion 3 □ Remo	wal from State	tery cramatory or	other place)	morial	1 0	V 5/31 P	altin		da
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAM	AND ADDRES					
	£ \c	MA	100	Jam	es A.	Mo:	rton & S s St. Ba	ons F	uneral	
	23. PART I. Enter the diseases, or o	omplications that caused	the death, Do							21217
	shock, or heart failure. I	list only one cause on as	ch lina.	not sniar the	mode of dyl	ing, such	ss cardiac or reepi	ratory srres	Inte	proximats erval Between
	IMMEDIATE CAUSE (Final disease or condition	201	1-11						On	set and Deati
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE)E):						
-	_	Chodoud 1	08141	F01/1	105	WAS	ACCESS	10 A	MICK	
CERTIFICATION	Sequantially list conditions, if any, lasding to immediate	DUE TO OR AS A	CONSEQUENCE (re	-10	1/200	1.070		
CAT	cause. Enter UNDERLYING	HYME	PIGNU	DUEN	EARLY	LY	Uspes!)	ļ	
Ē	CAUSE (Disease or Injury that initiated avants	DUE TO (SP) AS A	CONSTIQUENCE	OF)	1/					
EH	reaulting in death) LAST				V					
	PART II. Other significant condition	s contributing to death bu	it not resulting	In the under	ving cause o	alven in f	Part I. 24e. WAS AN	AUTOPSY	24b. WERE AU	TOPSY FINDINGS
S	DEMEA	TTA CEI	READ,	el AT	Don	1 4	PERFOR	RMED?	AVAILABL	E PRIOR TO
ED	20 47)	Alcohol	1117		RUU	'/-	1 YES 2	NO.	OF DEATH	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTI	SIBUTE TO CAUSE OF	E DEATH Y	ES NO	□ UNC	ERTAIN			1 U YES	2 🗌 NO
AN	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DE			EKIMI				
SIC	EXAMINER?	HOSPHAL:	ntient 3 🗆 DOA	OTHER:	Home 6 🗆 Be	naldanaa (8 Other (Specify)			
ΗX	27. MANNER OF DEATH	28e. OATE OF INJURY	28b. TI	ME OF 26c	INJURY AT	POTOSTICO I	26d. DESCRIBE HOW I	NJURY OCCU	RED	
	1 Naturel 5 Pending	(Month, Day, Year)	10	M 1	WORK? YES 2] NO				
) BY	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY	— At home, farm,	, street, fectory,	office		281. LOCATION (Street		Rural Route Numb	oer,
Ä	4 Homicide determined	building, etc. (Speci	TY)				City or Town, State)			
J'E	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of my knowle	edge, death occur	rred at the time	date and place	, and due	to the cause(s) and ma	nner se stated		
COMPLETED	and and	R: On the beele of exemination								ner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE					ENSE NUM			SIGNEO (Month, D	
BE	(VIII ST	BSHD			1)	21	420	127	7K7A4	.,, rom.,
2	TO HAVE AND ADDRESS OF PERSONNELL	O COMPLETED CALLES OF OF						- 1	././	

OHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

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	Physic		1. Decedent's Nem Willia	e (First, Middla, La am Ross						2. Deta of D M Month M a Y 2	eath . Dey 199	6 ^{Year}		of Deeth
	/Medi Exami		4a. Facility Nama (If not Institution, giv	a street and number	r)			4b. City, Town, or	r Location of Dea	th 4c. Count	y of Death		
	LX		715 MA	IDEN CHO	DICE LAN	E. HVl	09		CATONS	VILLE	BAT	TIMO	RE	
	Funeral Director		5. Sociel Security N 5 7 7 - 09 -	lumber 6. S		aga (In yrs. lest b		If Under 1 Yaer Months Days	If Under 24 Hr	s. 8. Data of B		9. Birth		te or Foreign
	p ,		Usuel Residence of			40+ Oh T-		41						
	anyle show	-	10a. Stete	10b. County		10c. City, To								e City Limits
	N ed M	Director	MD		IMORE	CAT	ONS	VILLE						65 ZEA40
	with with		10e. Street end Nur					10f. Zip Code			10g. Citizen of		ntry?	
	eath	eral	/ 15 M A	AIDEN CH	HOICE LN 12. Wes Deceden			212		Specify Vee or N		S.A.	nan Indian	
020	n 72 hours after death with the Maryland "naturel", or thems 23s or 28s-f show adical Exacitoet mast be notified at	by Funeral		ied 2 Married	Armed Forces 1 Yes 2 If Yes, Give Yeer or Dates	?] No		f Yas, specify Cub	Hispanic Origin? (pan, Mexican, Pue Specify:	rto Rican, etc.)	Bla	ick, White,		
O	2 hou			15. Decedent's E			a. Deced	lent's Usuel Occu	petion		16b. Kind of E			
21215-0020	on o	Completed	(Spec	cify only highest gra	ade completed)		(Give	kind of work done OO NOT use retire	during most of wo	orking			,	
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p	be file tal Hyy d othe event,	Be C	17. Fathar's Nama	(First, Middla, Last)				18. Mothar's Na	ama (First, Middle	, Meiden Sumei	me)		
/lai		TO	WILLIA	AM FRAN	NCIS CA	REW			CATH	HERINE	BUTLE	R		
Maryland	d 2 should it thend Meni 7 is marked treumatic	-	19e. Informant's Na	ame/Raletionship (Type, Print)	19	b. Meilin	g Address (Stree	t end Number or F	Rural Route Numi	ber, City or Town	, Steta, Zip	Code)	
			S. MARC	GARET CA	AREW, WI	FE 7	15 1	MAIDEN	CHOICE	LN., C	ATONSV	ILLE	, MI	2122
ore	ges 1 en t of Heel if Item 2 or other		20a. Mathod of Disp		Removel from Stete	comot	of Dispo	sition (Neme of netory or other ple	ece)	Date	20c. Location	- City or To	own, Stete	
Ë	Pages nent of I ant: if ite ury or of			5 Other (Special			CAT	HEDRAL	CEMETER	Y 5/28	BALTI	MORE	, MI)
Baltimore,	permit. Pag Department Important: I eny Injury o		21. Signature of Fu	neral Service Lice	nsee		22 S	Neme end Addr	ess of Facility Ashtor	n Funer	al Hom	e, I	nc.	
	707 e d		1 tu	llen >	1 lank		7	36 Edmo	ondson A	Ave. Ba	Ito. M	D. 2	1228	3
			23a. Part1. Enter the shock, or hee	ha disease, or com rt feilure. List only	plications that cause one cause on each	nd the death. Do	not ante	ar tha moda of dy	ing, such as cardia	ac or raspiratory	arrast,		Approxin	Between
F	Physician											i	Onset ar	nd Death
	/Medical Examiner		Immediate Cause (disease or condition resulting in death)	(Final n	0. ME	TASTAT	70	(OLUN	1 CAN	LER		į,	14E	AR
		<u></u>	resulting an accum			Due to (or es a	a conseq	uence of):						
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	n end	xar	Sequentielly list co if any, laading to in cause. Enter Unde Ceuse (Diseese or	nditl <i>on</i> s, nmediete		Due to (or es a	a conseq	uence of):						
260	siciar bun		Cause, Enter Unde Cause (Disease or that initiated events	riying Injury	C	Day to to to	1.10000	-0						
ox 68760,	h certificate be executed anding physician end use es the bunal-transit	an/Medical	resulting in death) I	Lest		Dua to (or as e	consequ	uence of):				‡ 		
	nding use	N/N			d									
m i	res that tha death signed by the atta 1 be detached for	Icia	Pert II. Other signif	icant conditions of	contributing to death	but not resulting	In the ur	nderlying cause g	iven in Pert I	23b. Die	I tobacco use co	ontribute t	o the caus	en of death?
P.	t tha by th tache	Physicia		.4 .		_		loonying oddoo gi			Yes 20 No	3 □ Pro		Unknown
S, T	an s tha	by P		MULT	TIPLEM	4 Elom	A				70			
Records,	need should	Completed									s en eutopsy ormed?	av	ere eutopo railabla pri empletion deeth?	sy findings or to of cause
£ 1	0 - 6	E								10	Yes 2000			e de la companya della companya della companya de la companya dell
ta	certificate rector, pag	BeC	25. Wes case refar	red to medical					26 Place of De	eth (Check only				7
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o uo	lending Phy leeth. lor: After thi the funeral	Certification: T	27. Menner of Deeth	5 Pending	28a. Dete of Inj (Month, D		Tima of Injury	28c. Inju Wo		-	how Injury occu		,,	
Division	or Attending after deeth. Director: After I in by the fune	ifica	2 Accident 3 Sulcide	Invastigation 6 Could not be determined	28e. Plece of Ir	njury - At home,	ferm, stre	et, fectory, office		28f. Location	(Street and Num	ber or Run	al Route N	lumber,
ā .	pital or Att	Cert	4 Homlcida		building, e	itc. (Specify)				City or 10	iwn, Stete)			
-	2 hour Juner Sley fill	Medical	29a. Certifier (Check only one)	1⊠ Certifying Ph 2 Medical Exar	nysician: To the best miner: On the basis and menner s	of examinetion e	ge, death and/or inv	occurred et the trestigetion, in my	ime, dete end plea opinion, deeth occ	e, end due to the curred et the time	ceuse(s) end m , dete end plece,	enner es s , end due t	iteted. o the ceus	e(s)
(0 :)	Me	29b. Signeture end	title of certifier				29c. Licen	se number		29d. Dete sign	ed (Month,	Dey, Yea	r)
1			M	AS J.	1//~	6 M	0.	D4	4748		May.	24	199	6
	10		30. Name end eddr	ess of person who	completed cause of	deeth (Item 23a) (Type, I		1 1 0		(17 / 4	1	/ 1 /	
	10		11-	NEW L					CE LANE	CATUR	SVILLE, P	MO :	2122	.8
	Sta Registr		31. Date filed (Mont	"01996"	Janda	na seigh file								

State of Maryland / Department of Health and Mental Hygiene

nent of Health and Mental Hygiene 96

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Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death 26^{Dey} **Physician** Marth 1996 1:30 P.M. GLORIA JUNE COLBURN /Medical 4a. Facility Name (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner HART HERITAGE HOME STREET HARFORD If Under 1 Yaar | If Undar 24 Hrs. Months Days Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month Day Year) II/28/22 Birthplace (State or Foreign Country) 5. Social Security Number **Funeral** 1□ M 2☐¥F Days 73 Yrs 212-22-8623 Director MARYLAND Usual Residence of Decedent permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. in mortant: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, to a Hedical Examinat must be presented. 10e. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yes 2 No MARYLAND BALTIMORE Director RIDGELEIGH 10e, Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 8615 ROCK OAK ROAD 21234 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indian, Bleck, White, etc. 11. Marital Status 1 Yes 2 No
If Yes, Give
Yaar or Datas: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify. þ 3 Nidowed 4 Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry BALTO. CO. DEEDS Elementery/Secondery (0-12) College (1-4or 5+) DEPT. 12th GRADE CLERK 17. Father'a Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be CLARENCE LANDIS BIRDIE STONEBREAKER 20 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) CHARLES COLBURN SON 607 DORSEY ROAD BEL AIR, MD 21014 20b. Place of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 ☐ Cremation 3 ☐ Ramoval from State GARDENS OF FAITH 4 ☐ Donetion 5 ☐ Other (Specify) 5/29/96 PARKVILLE, MD 21. Signature of Funerel Sarvice Licensee 22. Name and Address of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD plications that crused of arta. Do not antar tha moda of dying, such as cardiac or raspiratory a Approximata Intervel Between Onset and Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Congestive Heart Failure Examiner Due to (or as a consequence of): Physician/Medical Examiner Coronary Artery DISCASE physician and the burial-fransit The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence of) Box 68760. Due to (or as a consequence of): 88 usa jo P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 2 2 No 3 Probably 4 Unknown Chronic Obstructive Pulmonary Disease Division of Vital Records, þ 24b. Wera autopsy findings available prior to completion of cause of deeth? 24e. Was en eutopsy Asthma has 1 Yes 2 No 1 Yes 2 No cartificata or Attending Physician: 25. Was case referred to medical examiner? Be 28. Plece of Deeth (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28c. Injury at Work? 1 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No death. 2 ☐ Accident after deat Director: 6 Could not be 3 ☐ Suicide 28f. Location (Streef and Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicide 4 hours a tospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. Medical (Check only one) 29b. Signature and title of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) Tomenlan M.D. D39763

TANNENDAUM MD 2012 Tollante Rd, Suite 102 Bel Air, MD 21015

State Registrar 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene

15902

						Certificate	of L	Death		Reg. No.		. 0 7 0 2
	Dhusis		1. Decedent's Neme (First, Middle, L						2. Dete of E		Yeer	3. Time of Death
	Physic /Medi		CHARLES	Donald		CAIN	, SR		MAY	25 1	996	4:50 am
	Exami		4e. Fecility Neme (ff not institution, gr	ve street and number)			41	b. City, Town, or	Location of Dec	th 4c. County	of Deeth	
		,	SAINT JOSEPH					TOWSO			TIMO	
	Funeral Director		213-10-3795	Sex 7. Ag	92	thday) If Under 1 Months	Year Deys	Hours Min	. (Month, L	irth Pey, <i>Year)</i> 2 4 , 1903		olece (State or Foreign ontry) Lto. Md.
	and *		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Town	or Location					1	10d. Inside City Limits
	he Maryi 28a-1 sho cuffed a	ector	4	imore Co.		herville						1 ☐ Yes 🏖 No
	23a or 2	Funeral Director	10e. Street end Number 231 East Ridgely	Road		10f. Zip 0	1093	3		10g. Citizen of United	State	es
21215-0020	is 1 and 2 should be filed within 72 hours after deeth with the Maryland if Heelth end Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic svent, the Medical Examener must be notified at	by	11. Meritel Stetus 1 □ Never Merried 2 □ Merried 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent I Armed Forces? 1 Tes 2 Th If Yes, Give Yeer or Detes:		13. Wes Decede if Yes, specif	y Cubei	spenic Origin? (: n, Mexican, Pue Specify:	Specify Yes or N to Rican, etc.)	Ble	e - Americ ck, White, v: Whit	
5-0	72 h	eted	15. Decedent's E (Specify only highest gi	ducation rade completed)	16a.	Decedent's Usuel (Give kind of work	done d	urina most of wo	orking	16b. Kind of B	usiness/in	dustry
121	within 9ne.	Completed	Elementery/Secondery (0-12)	College (1-4or 5	i+)	Electr.	retired)			Rubber	Manu	ufacturing
Maryland 2	permit. Pages 1 and 2 should be filed within 72 hours Department of Heelth end Mental Hygiene. Important: If tem 27 is marked other than "natural", any linjury or other traumatic event, the Medical Exe DOCE.	Be	17. Fether's Neme (First, Middle, Las Charles Richard					18. Mother's Ne		e, Meiden Sumer e Weiger		
N.	should Me Me mark	10	19e. Informent's Neme/Reletionship	(Type, Print)	· 19b	Meiling Address (Street e	nd Number or F	lurel Route Num	ber, City or Town	Stete. Zip	Code)
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ore,	of Her Hem Hem		20e. Method of Disposition		20b. Piece of	Disposition (Name	of		Dete	20c. Location	City or To	own, Stete
Baltimore,	Pag ment tant: H		12 Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec	ify)	Garder	s of Fai			/29/96	Rossvil	le,Ma	aryland
Bal	Depar Impor any in		21. Signeture of Funerel Service Lice	Jeffrey	L. Gair	RUCK TO	wsor	n Funera		Inc.	2120	4
			23a. Plant. Enter the dispasse or cor shock, or heart failure. List on	relications that caused	the deeth. Do r	not enter the mode	of dying	, such es cardie	c or respiretory	errest,	2120	Approximete Intervel Batween
d	Physician		V									Onset end Deeth
1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	e ASPIR	ATION	PNEUMON	IA					days
j.		<u>_</u>	resulting in doesny		Due to (or es a	consequenca of):					1	_
	nted Insit	Examiner			NARY E							6 days
o,	e exection end		Sequentially list conditions, if eny, leeding to immediata cause. Enter Undarlying Ceuse (Disaese or Injury		Due to (or es e o	consequenca of):						
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P.O.	the d	hysi	Pert li. Other significant conditions		ut not resulting in	the underlying car	JSO GİVE	n in Pert I.		i tobacco use co i Yes 2 □ No	ontribute to 3 ☐ Proi	o the cause of death?
	s thet med b	by P	DIABETES MELI	ITUS		_				198 20 190	3 - 10	DEDIT TO THE OTHER DESIGNATION
Records,	law requiras that the death cer les been signed by the ettendin 2 2 should be detached for use	Completed t								s en eutopsy formed?	ev	fere eutopsy findings reileble prior to empletion of cause death?
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1	Physician: this certific ral director,	ToE	examiner? 1 Tes 2 No	Hospitel: 1 Inpatie	nt 2□ER/Ou	tpatient 3 DOA	Othe	4□ Nursing	Home 5□Re	sidence 6 Ott	ner (Specit	fy)
o ud	Attending Ph reserved ector: After thi by the funeral		27. Menner of Death 1 Neturel 5 Panding 2 Accident investigation	28e. Data of Injur (Month, Dej	y Year) 28b. 7	ime of 28 njury M	Work	at ? ∕es 2 □ No	28d. Describe	how injury occur	rred	
Division	Directo d in by th	Certification:	3 ☐ Suicide 6 ☐ Could not datermined	28e. Pleca of Injubuilding, etc	ury - At homa, fe c. (Specify)	rm, streat, factory,	offica			(Streat end Numi own, Stete)	ber or Rura	al Route Number,
-	To the Hostral Dividin 24 hoot To the Funeral Director Completely filled in	edical C	29a. Cartifier (Check only one) Certifying P	hysicien: To the best of miner: On the basis of end menner ste	exemination and	, daeth occurred et d/or investigetion, i	tha tim	a, data and place Inion, deeth occ	e, and due to th urred et the time	a cause(s) and m a, data end plece,	anner as s end due te	itated. o the ceuse(s)
	within 2 the comple	Me	29b. Signeture end title of certifier	^		29c.	License	number		29d. Date signe	ed (Month,	Day, Year)
	0		> gogmin	P moh	te m.	0	D 4	1410		MAY	25th	, 96.
	8		30. Name and address of person who	completed causa of d	aeth (Item 23a) (Type, Print)				, , , ,	- 1	/ 10,
			JOGINDER P MEI	ITA, MD	7620	YORK R	OAD	TOWS	ON, MA	RYLAND	212	04
	Sta		31. Dete filed (Month, Dey, Year) MAY 3 0 79	3 Registe	er's Signeture							
	Regist	rar	MAT 3 U 13	Jan all	martin, high	2000						

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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

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	Physic	ian	1. Decedent's Nem	ne (First, Middle, L	ast)		E-1			2. Dete of E Month	Deeth Dey	Yeer	3. Time of Death
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)	Exami	ner	4a. Facility Neme (n <i>ber)</i>			4b. City, Town,	or Location of Dea	4c. Count	ty of Death	
		Ш		iels Ave					Woodla			imore	
т	Funeral		5. Social Security N		Sax 1□M 2□KF		s. iast birthday)	If Under 1 Yaa Months Deys		Hrs. 8. Data of B	lirth Dey, Year)	9. Birthpi	ece (Stete or Foreign
	Director		212-03-9 Usuai Residence o			98	Yrs.			6-18-1	1897		Italy
	Pund Maria		10a. Stete	10b. County		10c. C	City, Town or Lo	cation				10	Od. Inside City Limits
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	the 28s	rec	10e. Street and Nu		OTE	I WOO	Julawii	10f. Zlp Code			10g. Cltizen of	What Count	rv?
	3a or	Ö	1125 Dan	iels Ave	M11 0			21207					,
	Jeath mar	Funeral Director	11. Marital Status	ITELS AVE	12. Wes Dece	edant Evar in	U,S. 13. \		Hispanic Origin	(Specity Yas or N	U . S . A .	ce - Amarica	ın Indien.
0	r free	Fur		ied 2 Married	Armed Fo 1 ☐ Yes If Yas, Giv					? (Specity Yas or Nuarto Rican, etc.)	Bio	ack, White, e	
02	urs ours	by	3 Widowed	4 Divorced	If Yas, Giv Yaar or Do	etas:		I□Yas 2 🖾 No	Specity:		Speci	ity: Whi	ite
21215-0020	2 should be filed within 72 hours after death with the Marylend and Mentel Hyglene. Is marked other than "nature!", or flems 23s or 28s-f show raumstic event, the Medical Examiner must be notified at	Completed	/Sne	15. Decedent's E	ducation		16a. Deced	lent's Usuai Occi kind of work don OO NOT use retir	upation	working	16b. Kind of I	Businass/Ind	ustry
21	thin e.	nple	Elementery/Seco		College (1	-4or 5+)	life. L	OO NOT use retir	ed)	working			
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n o	d oth	Be	17. Fether's Neme							Nema (First, Midd		m <i>e)</i>	
yla	Men Men arke	2	Regina	ldo Geno	vese		- 1		Teres.	ina DeFra	anco		
Maryland	s 1 and 2 should be filed within 72 hours after death with the Maryler f Health and Mentel Hygiene. I house the same 23s or 28s-f show then 27 is marked other than "natures", or items 23s or 28s-f show other traumatic event, the Madical Examiner must be notified at		19e, Informent's N		(Type, Print)					r Rural Route Num			Coda)
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OF	Peges sent of H nt: H ite		20a. Mathod of Dis 1 ☐ Buriei 2	Cremetion 3	☐Ra <u>m</u> oval from	Stete	cemetary, cren	netory or other pl	,	Deta	20c. Location		
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Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any injury or other tr once.		21. Signetura of Fu	inerel Service Lice	nsee	Le ho	5	Nama and Add	ress of Fecility	ational I	Pike		
	HO 2 4 0			ruman Sc			Ba	altimore	, Md. 2	1229			
			23a. Pert1. Enter t shock, or hee	he diseese, or con ort feilure. List only	npileations that or one cause on e	eused the dee ech line.	eth. Do not ente	er the mode of dy	ring, such as car	diac or respiretory	arrest,		Approximete Interval Between
	Physician /Medical		Immediete Cause	/Ein al		·	10.4	o //-		*			Onset and Death
1	Examiner		disease or condition resulting in deeth)	n (rine)	a	-on 9	ES/1V-	e Hel	wta	ulive			
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	death e atte	Sicia	Pert II. Other signif	icant conditions	contributing to da	ath but not re	sulting In the ur	deriving cause o	iven in Pert I	23b. Dt	d tobacco use c	ontribute to	the cause of death?
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Records,	lew requires that the death as been signed by the atte s 2 should be detached for									24e. We	s an eutopsy formed?	24b. Wei	re autopsy findings ilebie prior to
900	has be	Completed									101111601	com	pletion of cause eath?
Ä	The i	EO								10	Yes 2 No	10	Yes 2□ No
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n of	ding Ph. h. After thi funeral		27. Mennar of Deet	5 ☐ Pending	28a. Dete o	of injury h, Day Year)	28b. Time of injury	28c. inje	ury at		how Injury occu		
Sio	Attending or death. ector: After by the fune	atic	2 Accident	investigatio	n	,,	,,		Yes 2□No				
Division	4 0 D >	Certification:	3 ☐ Suicida 4 ☐ Homlcide	6 Could not be datermined	286. Place	of Injury - At I	noma, farm, stre	et, fectory, office	•		(Street end Num	ber or Rural	Route Number,
0	To the Hospital or A within 24 hours effer To the Funeral Directompletely filled in b.			1			.,						
	tospl 4 hou funer ely fil	edical	29e. Certifier (Check only	JE Certifying Pl	nystotan: To the	best of my kn	owledge, deeth	occurred at the t	time, dete end pl	ece, end due to the	e cause(s) end m	end due to	ned.
	To the Hospital within 24 hours (To the Funeral (completely filled	Med	one)	_	end menn	ar stated.							
	5 × 10 × 00		29b. Signeture end	TITLE OF CHITTIES	T.O. A			29c. Licer	nse number		29d. Date sign	ed (Month, D	ay, Year)
	11.		7	16	jueis	, vus	«	1	246x		5/	30/46	
	MIT		30. Name and eddr	ess of person who	completed cause	of deeth (Ite	m 23e) (Type, I	Print)	()	Pal) =	t' 1.	- 1 -
	10.1		3508 31. Data filed (Mon.	BANK	5 / Mo -00	18145	10, 16	ug d	1976-	- KODER	T1. (-LDE	KIO
	Sta	ite	MAY 30		/ /\ /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	gister Asian			1				

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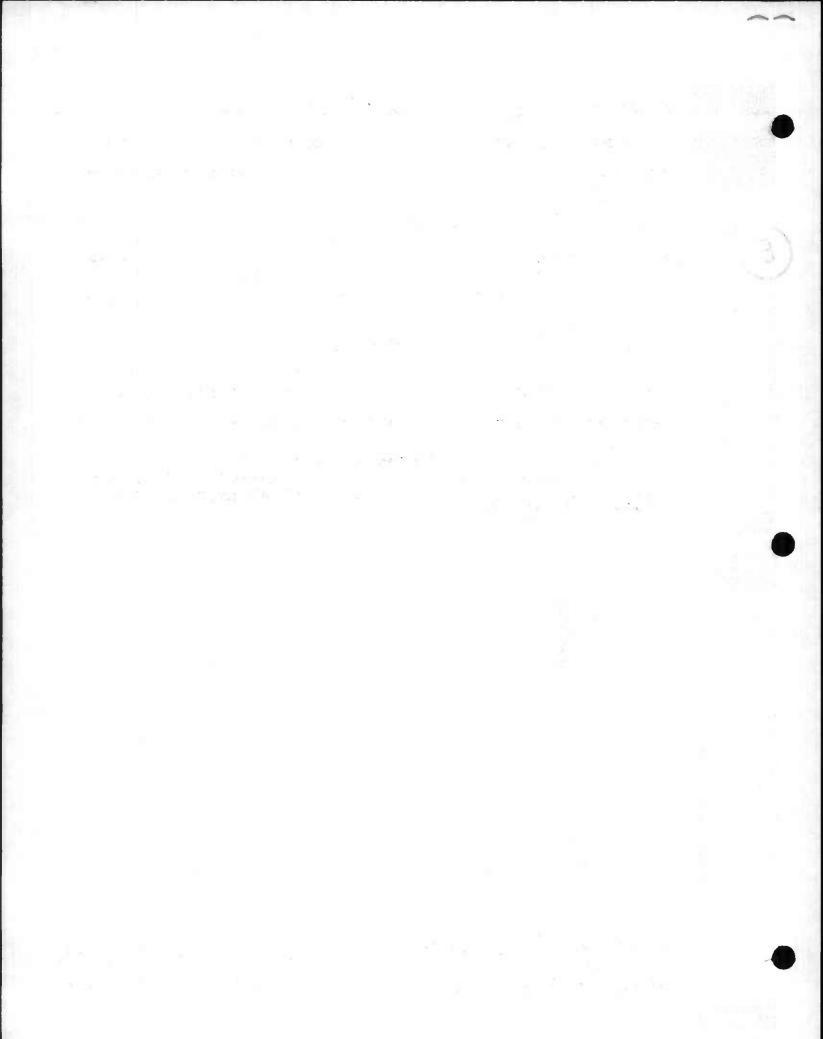
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Item: 1, per F'.H. G-735 5/30/96 reb 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death LUCILLE Month **Physician** MINNIE DAUGHT MAD /Medical 4b. City, Town, or Location of Deeth 4a. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Good Samaritan Hospital Baltimore N/A If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Months, Days Hours Min. October 18, 1928 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 1□M 2♥F Months Yrs. 217-24-2277 67 Director Maryland Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☑ Yes 2 ☐ No Directo Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3301 White Avenue 21214 Funeral United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes: 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 X Never Merried 2 Merried Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 ☑ No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced "naturel" Completed 16a. Decedent's Usuel Occupetion
(Give kind of work done during most of working
life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hyglere. Important: If Item 27 is merived other than "1 any injury or other treumetic event, the Med Elementary/Secondery (0-12) College (1-4or 5+) Clerical C.P.A. Firm 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Edward John Daughton Hazel Jeannette Fletcher 19e. Intorment's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) M. Arlene Hardesty/ sister 3301 White Avenue Baltimore, Maryland 21214 20b. Piace of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State Hilltop Service Corporation 4 ☐ Donetion 5 ☐ Other (Specify) 5/30/96 Towson, Maryland 21. Signeture of Funerei Service Licensee Brian A. Willem 22. Name and Address of Facility Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road Baltimore, Maryland 21214 a. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart tellure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** CARDIOGENIC SHOCK /Medical tmmediete Cause (Finel disease or condition resulting in deeth) **Examiner** Examiner attending physician and for use as the bunal-transit be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of) signed by the aid be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed has 1/2 Yes 2 No 2 1 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completally filled in by the funeral director, 25. Wes case reterred to medical examiner? Be 28. Place of Deeth (Check only one) Hospitel: 1 Inpatient 1 Yes ∠ No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ER/Outpetient 3 DOA 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28c. tnjury at Work? 28d. Describe how injury occurred 28b. Time of Certification: 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, term, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physictan: To the best of my knowledge, deeth occurred et the time, date and piace, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(s) end menner stated. 29a. Certifier Medical 29b. Signature end title of certities 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of pe who completed cause of death (Item 23a) (Type, Print) 32. Registrer's Signeture 31. Dete tiled (Month, Dey, Year) State M. Buschen Randon 0 1996 Registrar

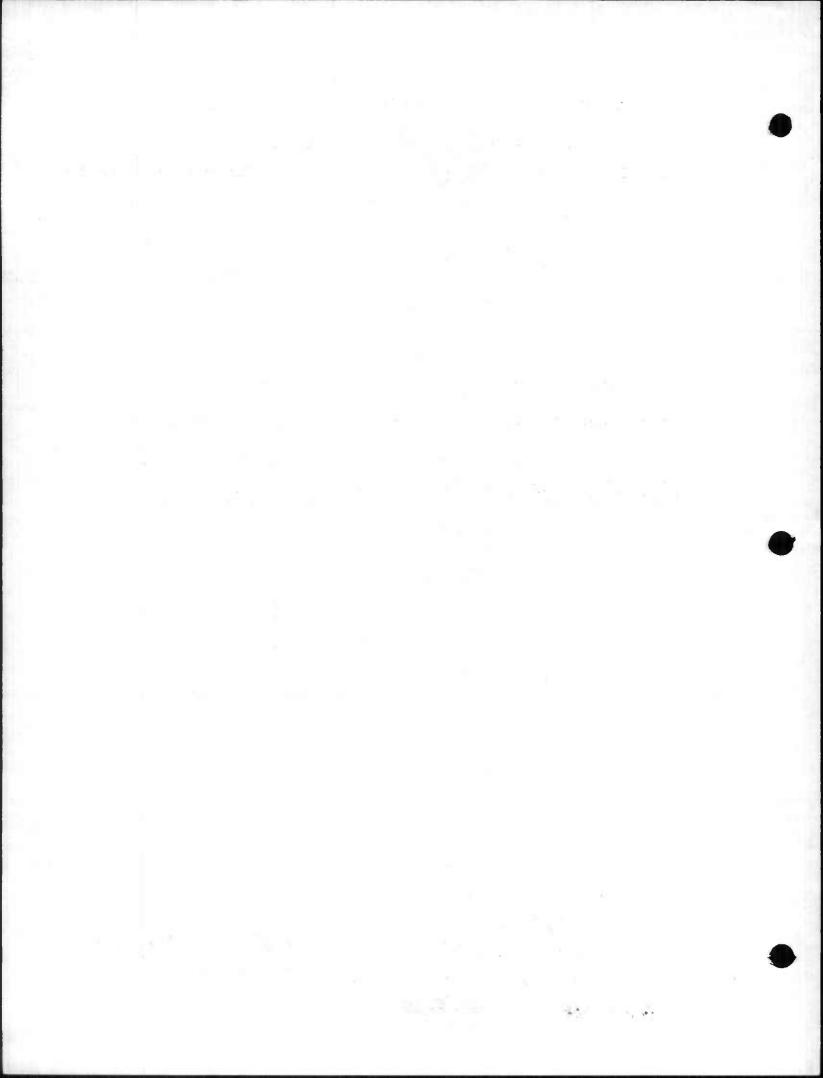
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

						COL	illicate C	Dealli		Reg. No.		
Physic /Medi			a (First, Middla, La ICHOZA		Dol	YNOH			2. Data of D Month	Day	Yaar 96	3. Tima of Death
Exami		4a. Facility Nama (If not institution, giv	a streat and number	r)			4b. City, Town	n, or Location of Dea	ath 4c. County	of Daath	
		St.	Agnes H	ospital				Balti	more	N/	Ά	
Funeral		5. Social Security N			ga (In yrs. la:	st birthday)	If Undar 1 Ya	ar If Undar 24			9. Birth	pleca (Stata or Foreig
Director		219-36-38	515 X	X M 2□ F	85	Yrs.	Months Day	ys Hours	Min. (Month, L	24, 1910	Ma	ryland
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MO W		10a. Stata	10b. County			Town or Loc						10d. Insida City Limit
13	to	Maryland	Howard	County	E	llico	tt City	•				1 ☐ Yas 2 🛣 N
al', or items 23s or 28s-f show Examiner nast be notified at	Funeral Director	10e. Street and Nu 3004 No.	mber th Ridge	Road			10f. Zip Code 21	.043		10g. Citizan of V USA		intry?
5 2	era	11. Maritai Status		12. Was Decedent	t Evar in U.S.	. 13. W	as Decedant o	of Hispanic Origin	n? (Specify Yas or N	lo- 14. Rac	e - Aman	ican Indian,
lal hygiene. d other than "natural", or itema 23a or 28a-1 ehow event, the Medical Examiner must be notified at	FU		led 2□ Marrled	Armed Forcas' 1 ☐ Yas 2 🔀	?	if			n? (Specify Yas or N Puarto Rican, atc.)	Bia	ck, Whita	, atc.
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3. TIME OF GEATH

REG NO

28

2. DATE OF DEATH

FOR STATE REGISTRAR

Donald

1. DECEDENT'S NAME (First, Middle, Last)

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May 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Ybar) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🔀 M 2 🗆 F 215-46-6779 49 DAYS June 28 1947 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, CITY, TOWN OR LOCATION OF DEATH WoodlynnRd. 952 Essex DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY toc. CITY, TOWN OR LOCATION Maryland Baltimore Essex permit. FUNERAL 10f. ZIP CODE burial-transit Woodlynn Road 952 21221 retained by the hospital or attending physician. 5 should be detached for use as the burial-trar 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS FORCES? 1 . YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced Vietnam Era COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 NA Installer Carpet once. 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 75 Bernard Dowell Judy BE 5 should notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Woodlynn Rd. 952 Essex, Maryland 21221 Deborah Dowell / Wife page Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 XBurial 2 Cremation 3 R 4 Donation 5 Other (Specify) director, cemetery, crematory or other place) acred Heart May 31 of Jesus examiner 21. SIGNATURE OF FUNERAL SERVICE LIPERING 22. NAME AND ADDRESS OF FACILITY
W. Dabrowski / Chojnacki F.H. P. A. funeral 1005 Dundalk Ave. Balt., MD. 21224 in by the r medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart failure. List only ope cause on each line. IMMEDIATE CAUSE (Final the cremation, disesse or condition len 25d /erul pietely event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) and com traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to Will physician a If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF). that initiated events attending resulting in death) LAST 0 the atten Mental Injury, PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 36 PERFORMED? any Signed Health a 1 YES 2 NO shows been L. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN ☐ PHYSICIAN: has be Dept. 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL certificate h HOSPITAL: OTHER:
4 | Nursing Home 5 | Realdence 8 | Other (Specify) 1 YES 2 NO 1 | Inpatiant 2 | ER/Outpatient 3 | DOA the the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? this c marked, 1 Matural 5 Pending 1 YES 2 NO BY After Investigation 2 P Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 8 Could not be determined 60 DIRECTOR: COMPLETED 4 Homicide 28 item 29a. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attend. HOSPITAL FUNERAL (WITHIN 72 H TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 - MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29h. SIGNATURPIAND PITLE OF CERTIFIER LICENSE NUMBER BE 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

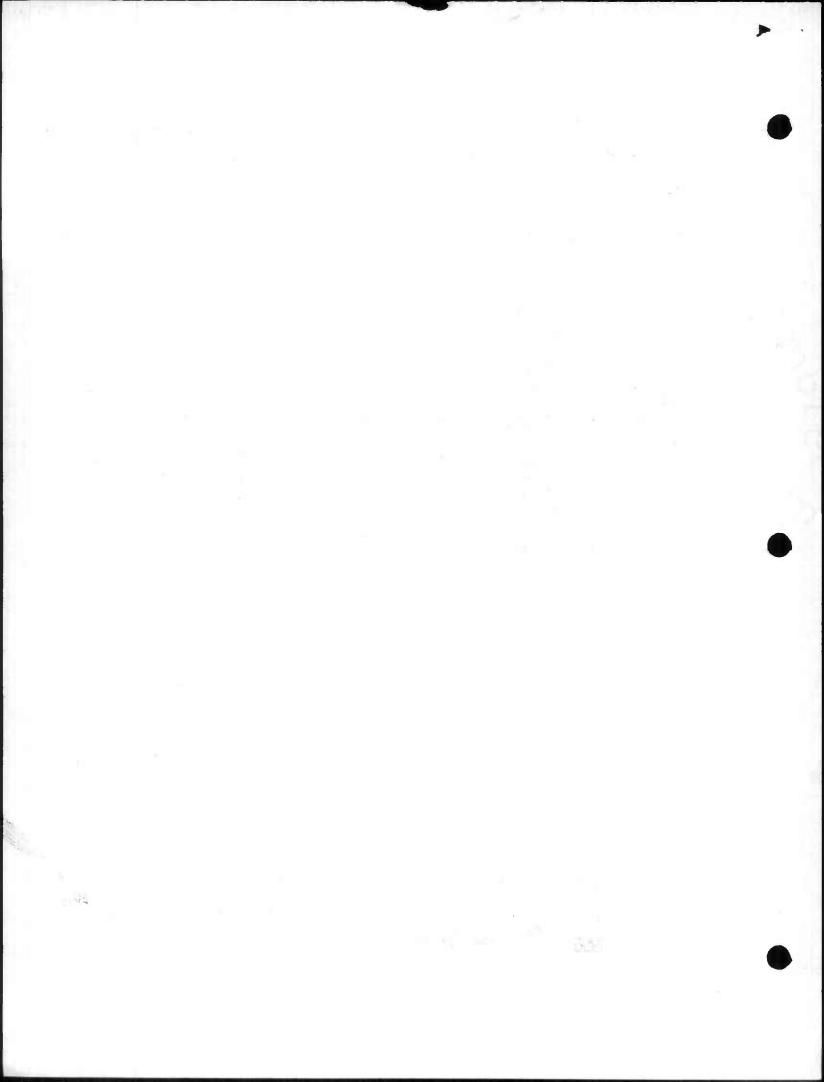
ALLA DAMASON - HANDER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1996 3:30 рм 8. BIRTHPLACE (State or Foreign Virginia 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 YES 2X NO tog. CITIZEN OF WNAT COUNTRY? U.S.A. 14. RACE — American Indien, Black, Whita, atc. Specify: White Samuels 29c. LOCATION - City or Town, Stata Dundalk, Maryland Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t TYES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day,

31. DATE FILED (Month, Day, Year) MAY 3 0 1996



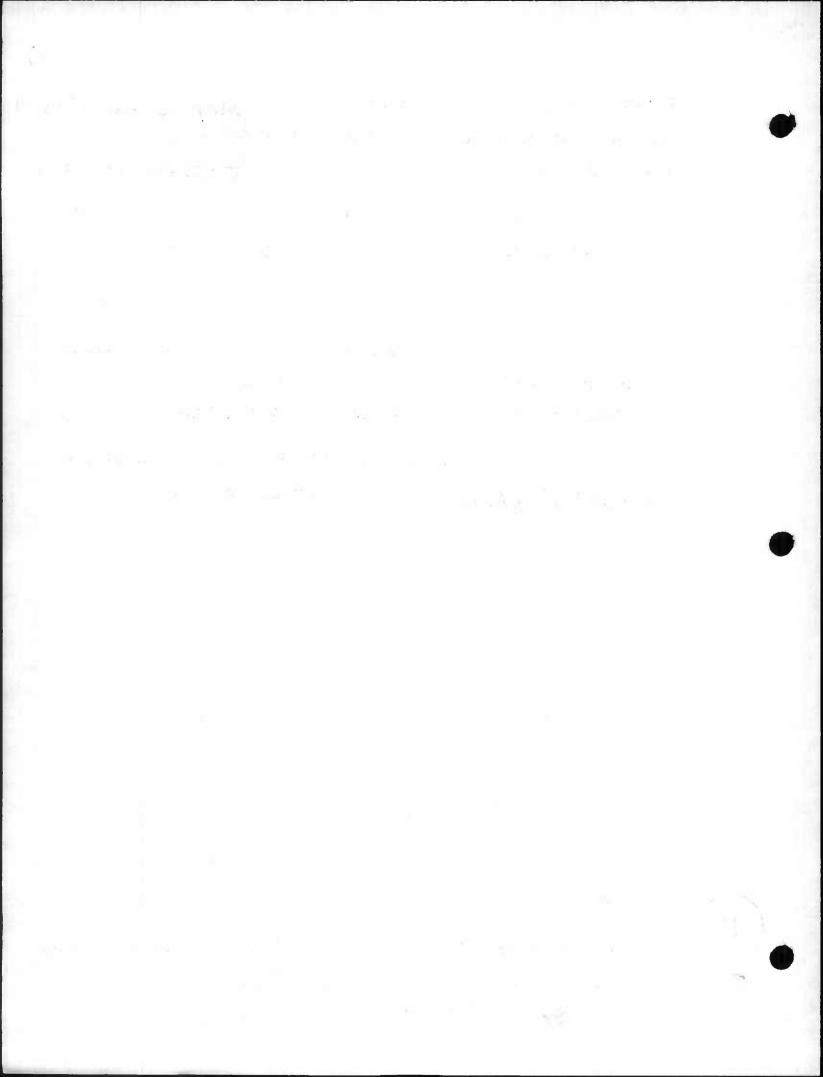
State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death VINCENT **Physician** DUFFY 9:50 AM CORTEZ Ma 26 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner (MERCY HOSPICE) BALTIMORE N. LUZERNE AE RES. n/a If Undar 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 8. Date of Birth Month, Day, Year, SEPT. 16, 1948 5. Social Sacurity Number 9. Birthplaca (Stata or Foreign BACUTTMORE, MD 7. Aga (In yrs. last birthday) **Funeral** 1√M 2□ F 47 212-46-9188 Director Usual Rasidance of Decedant permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "netural", or items 23a or 28a-4 show any Injury or other traumatic event, the Medical Exercise rough by a culfied an once. 10a Stata 10b. County 10d. Inside City Limits 10c. City, Town or Location BALTIMORE MD n/a Yas 2 No Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Coda 21213 UNITED STATES **AVENUE** 1227 N. LUZERNE Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Navar Marriad 2 Married 1 Yas 2 No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas X No Specify: Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) **IMPROVEMENT** LABORER HOME 18. Mothar's Nama (First, Middla, Maidan Sumama) NFILIE A. BAKER 17. Fathar's Nama (First, Middla, Last) Be WILLIAM M. DUFFY 0 199. Malling Address, Steet and Number of Europe, BALT SMORE, SMD Zin Code) 21201 19a. Informant's Name/Relationship (Type, Print)
TIFFANEY TOULSON 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1XXBurial 2 □ Cramation 3 □ Ramoval from State STAR CEMETERY 5-30 CATONSVILLE, MD WESTERN 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility WM. C. MARCH FH.-1101 E. NORTH emara rommon 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Physician Immediate Causa (Final disaasa or condition rasulting in daath) /Medical BILIARY CANDER ono Examiner Dua to (or as a consequanca of) Physician/Medical Examiner ettending physician and for use as the buriel-transit the death certificate be executed Sequentially list conditions, if any, laading to Immadiata cause. Enter Underlying Causa (Disaasa or Injury that Initiated evants rasulting in daath) Last Dua to (or as a consequence of): Box 68760, Dua to (or as a consequence of): use as t signed by the eld be deteched for P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown 4105 Division of Vital Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 should hes 1 Yas No 1 ☐ Yas 2 ☐ No certificate 26. Place of Death (Check only one) Stella maris at mercy Attending Physician: 25. Was casa rafarred to medical axaminar? Be Other: 4 Nursing Homa 5 Residence 6 Other (Specify) HOSPICE Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1□ Yaa No Certification: To After this funeral 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28c. injury at Work? 28d. Dascribe how injury occurred Natural 2 Accident 5 Panding invastigation after deeth. 1 Yas 2 No 6 Could not be datarmined 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Sulcide In by 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicide Tertifying Physiclan: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

I medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. 29a. Cartifiar (Check only one) 29c. Licansa number 29b. Signatura and titla of certifiar 29d. Data signed (Month, Day, Year) Jangons D40480 May 25 30. Name and address of parson who complated causa of daath (Itam 23a) (Type, Print) Belgin Rd. 5810 FERNANDO FERRO, MO BA NO 21206 3. Ragisper's Signature Pandall 31. Data filad (Month, Day, Year) State MAY 3 0 1996

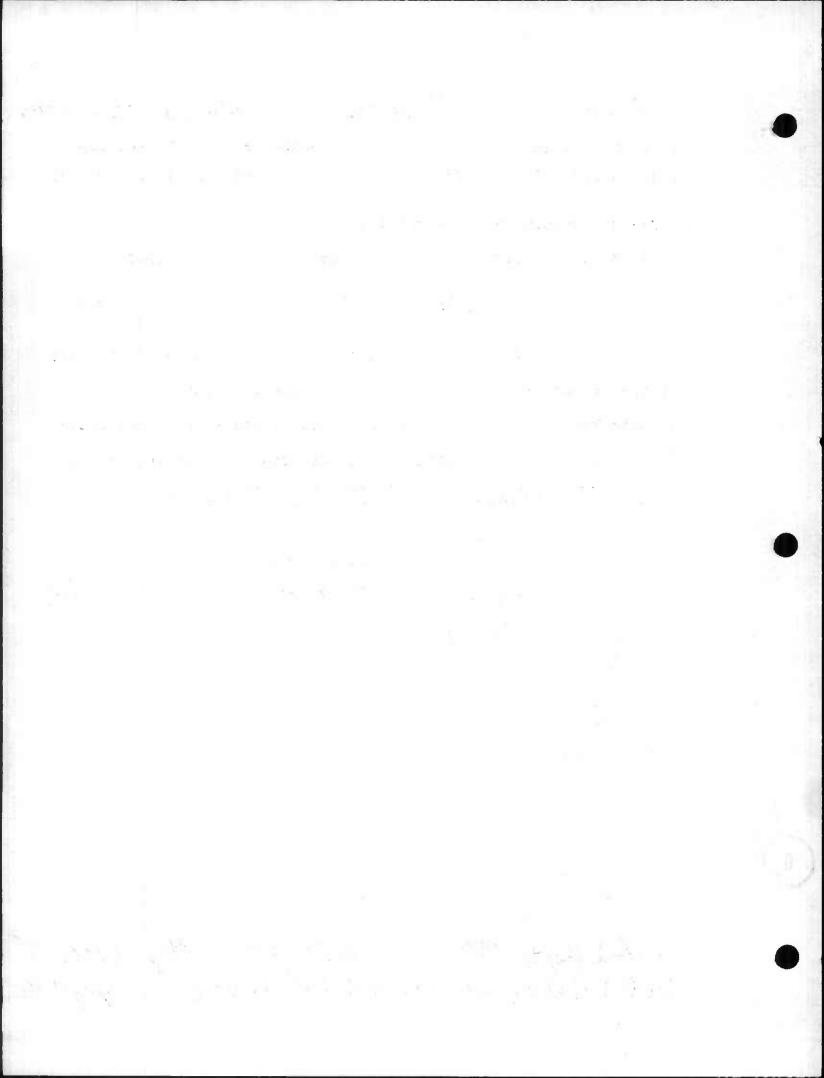


State of Maryland / Department of Health and Mental Hygiene

Cortificate of Death

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Abraham Eisenberg Pauline Siegel 19e. Informarit Name/Balellorahip (Type, Print) 19b. Meling Address (Street and Number or Rural Route Number, City or Town, Stele, Zp Code) 105 Quay Street, Alexandria, Va. 223 206. Method of Disposition Well Burial 2 Commentors or Commentor or Commentor or Rural Route Number, City or Town, Stele, Zp Code) 206. Method of Disposition Well Burial 2 Commentors or Commentor or Rural Route Number, City or Town, Stele 207. Method of Disposition Well Burial 2 Commentors or Commentor or Rural Route Number, City or Town, Stele 208. Method of Disposition Well Burial 2 Commentors or Commento				life.	DO NOT	onk done ise retire	during most of t d)	working			
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A PARE Bureful 2 Characterion 3 Banacous from State All Donation 5 Other (Specify) 21. Signalty of Funeral Service Licensee 22. Name and Address of Facility Tves — Pears on Funeral Homes Falls Church, Va. 22046 223. Part I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, interest of the suiting in death Due to (or as a consequence of): Approximate the disease or conditions Approximate the deeth of the suiting in death Due to (or as a consequence of): Approximate the disease or conditions Approximate the disease or conditions Approximate the deeth of the suiting in death Due to (or as a consequence of): Approximate the disease or conditions Approximate the disease or conditi	f	20a, Method of Disposition		20b. Plece of Disp	oosition (Na	me of	ce)	Date	20c. Location	- City or Tow	m, State
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25. Wes case reterred to medical axaminer? 1	P P	7	· -								
25. Wes case reterred to medical axaminer? 1	Page 1							10	Yes 28No	1 🗆	Yes 2 No
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29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.	d in by	dataminad	28e. Plece of Injury building, etc. (- At home, term, s (Specify)	treet, tector	y, office		28t. Location City or T	(Street end Num own, State)	ber or Rural	Route Number,
29b. Signature end title of certifier 29c. License number 29d. Data signed (Month, Day, Ye	Ilcal	(Check only 2 Medical Examin	er: On the basis of ex	caminetion end/or I	th occurred nvestigetion	et the tin	me, dete end ple opinion, deeth o	ece, and due to the	e ceuse(s) end m e, dete end plece,	enner es ste and due to t	ted. he cause(s)
	G 195	29b. Signature end title of certifier			29	c. Licens	e number		29d. Data signe	ed (Month, D	ay, Year)
1 Now Key 1 1/ AL MN 1/2/4 76 May 74 100	9	Va Va 1 1/ 6	1 MM			11 -	147	(H.I	741	991
30. Name and address of person who condition cause of death (Item 23e) (Type, Print) Iva Paul 1. Value State State Spring 1. Value State State Spring 1. Value State State Spring 1. Value State State Spring 1. Value State State State Spring 1. Value State St	,	me me	5			WZ	175)	in	0111	116



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

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Physic /Med		Decedent's Neme (First, Middla, Le Carolina Iren		Forthu	ber			2. Deta of D Month May	Day	Year 996	3. Tima of Deat		
Exam		4a. Facility Nama (if not institution, gir	va street and numbe	or)			4b. City, Town,	or Location of Dea			J P		
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Director		212-74-8748			Yrs. M	onths Deys	Hours N		1894		ece (Stete or Forday)		
Director		Usuel Residence of Decedent						/-0-	1094	Ma	ryland		
Pue *		10a. Stete 10b. County		10c. City, Tow	n or Locatio	on				10	d. Inside City Lim		
Aery de p	ō	Maryland Baltimore Towson											
28a	5	10e. Street and Number											
0 4	Funeral Director	2300 Dulaney Va	allow Boa	a	'	Of. Zip Code 21204			10g. Citizen of	S . A .	ly?		
be filed within 72 hours after deeth with the Meryland tall Hygiene. d other than "natural", or items 23s or 28s-f show avent, the Medical Exercited intention notified a	0	2500 Editaley V											
	lue.	11. Marital Status	12. Wes Deceder Armed Forces	s?	13. Was	Decedent of I- s, specify Cub	łispanic Origin? en, Mexican, Pu	(Specify Yas or Nuerto Rican, etc.)	lo- 14. Rad Ble	ce - America ck, White, at			
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h end Mental Hygien Is marked other th traumatic avent, the	Bec	17. Father's Neme (First, Middle, Last)				18. Mother's I	Neme (First, Middl	e, Meiden Sumer	ne)			
cad cay	To B	Martin J. Wu	rst				Alma	A Bru	ckner				
d M.	F	19e. Informent's Neme/Relationship		106	Maillog A	ddraee (Straat		Rurai Route Num		State 7in I	Codel		
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or fe		20a. Method of Disposition 1XM uriai 2 ☐ Cramation 3 ☐							20c. Location				
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nding physician and use as the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C. —	Due to (or as a o									
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nding physician and use as the burial-transit	n/Medical				1								
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bed bed	Physicia	Pert II. Other significant conditions of	contributing to death	but not resulting in	n the under	lying cause giv	en in Part I.	23b. Die	l tobecco uss co	intributs to	the causs of der		
ned by the ette	F							10	Yes 2□ No	3 Probe	ably 4 Unkn		
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efter deat Director: I in by the	Certification:	3 ☐ Suicide 6 ☐ Could not b	200, Flace gri II	njury - At home, fe stc. (Specify)	erm, street,	fectory, office		28f. Location (Straet end Number or Rural Route Number, City or Town, Stete)					
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within 24 hours efter death. To the Funeral Director: After completely filled in by the funer	Me	29b. Signatura and title of cartifier	e number		29d. Dete signe								
> = 0			9b. Signatura and title of cartifier 29c kicense numb							6- 40			
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0		30. Neme and eddress of person who	completed cause of	death (Item 23a)	(Type, Print	t)							
		Eddie Nakhuda, M	.D. 2300	Dulaney	Vall	ey Roa	d, Tows	on, MD	21204				
St	ate	31. Dete file MAPth, 3ay 0 1996	The Rodin	trar's Signer As	lath								

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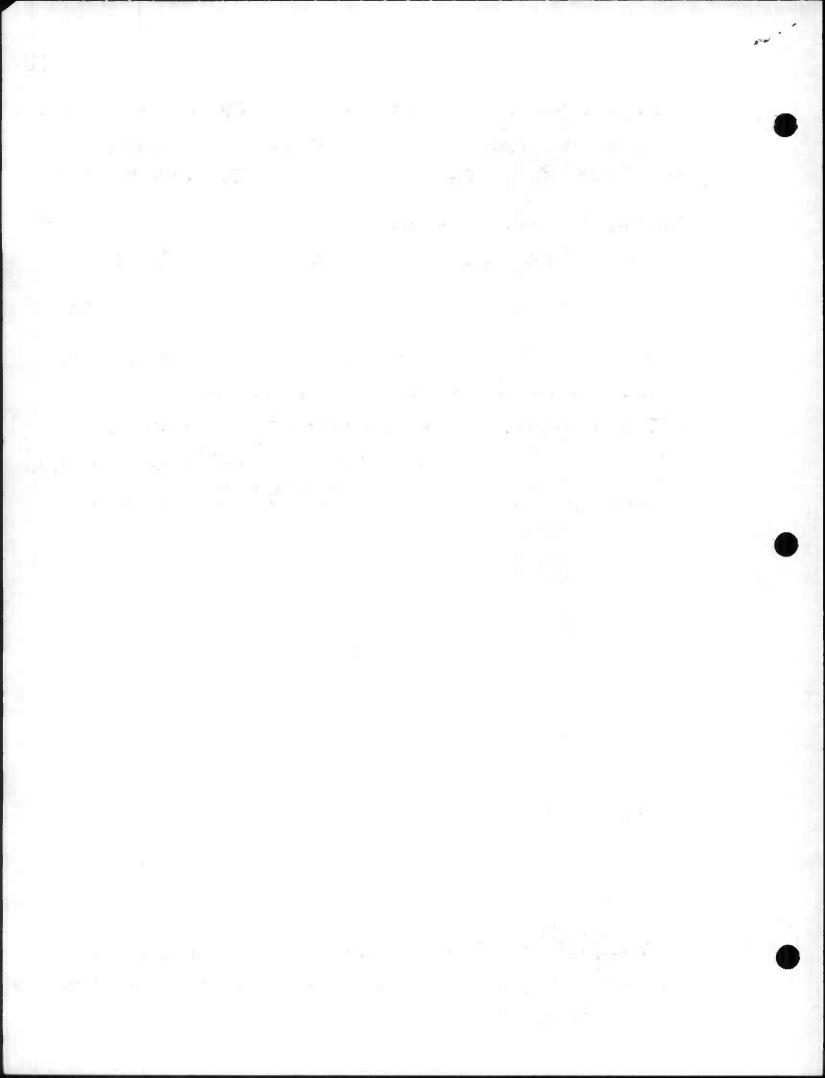
State of Maryland / Department of Health and Mental Hygiene

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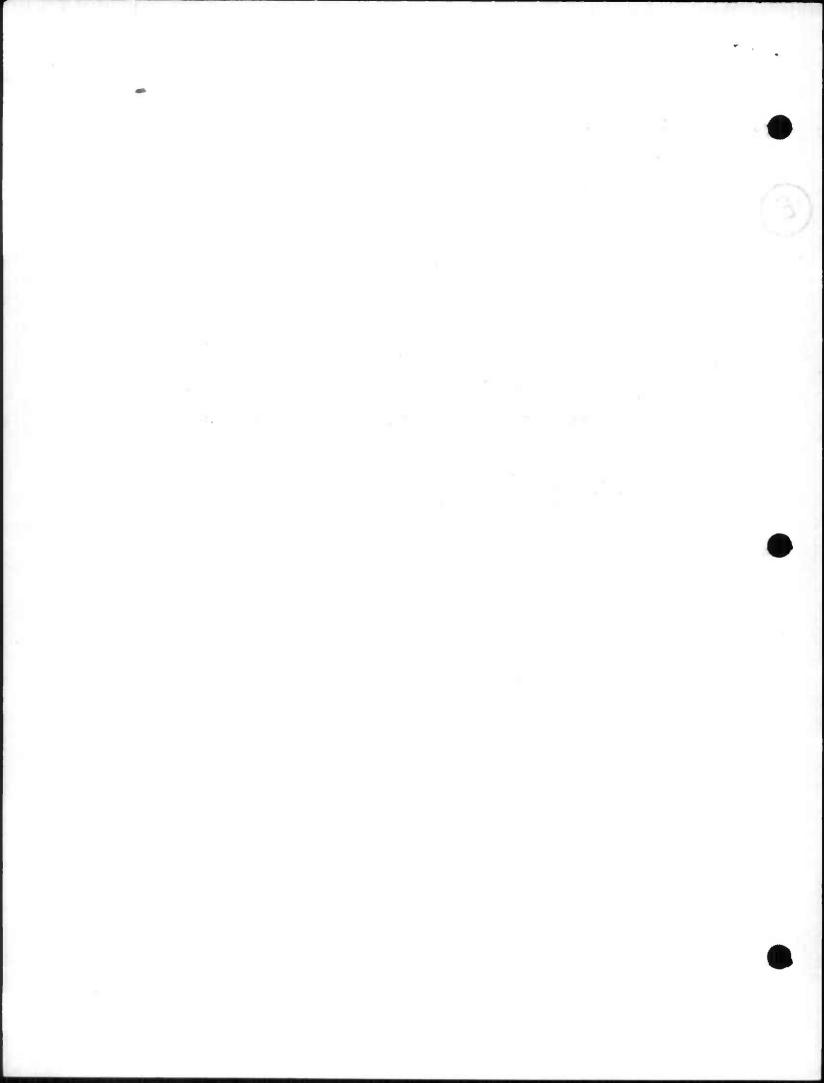
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/Medic		4e. Facility Name (If not institution, giv		214	311 021	4b. City, Town, or L	1			3.1017
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uneral		5. Social Security Number 8. S	1 1 1 1 1 1 1	(In yrs. last bii	thday) If Undar 1 Yaar	if Under 24 Hrs.				
ineral rector			MIN OF .	24	Yrs. Months Deys	Hours Min.	8. Data of B		Coun	eleca (Stete or Foraign htry)
		Usuel Residence of Decedent	7	7			00112	0 1711	1 100	4 EULIO
Examiner must be notified at		10a. Stata 10b. County		10c. City, Tow	n or Location				1	0d. Inside City Limits
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	by F	1 ☐ Nevar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 250 No If Yas, Giva	0	1 ☐ Yes 2 No	Specify:		Specify	/ic . 51	C
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S. C.		21. Signature of Eunarai Service Licer	see /		22. Nema end Addr	HAPLL OF	- WEW	221501		
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	Ysl	Part II. Other significant conditions of	ontributing to death but	not rasulting in	n the undarlying causa gi	van in Part i.	23b. Did	i tobacco use co	ntribute to	the cause of death?
							10	Yes 2 No	3 Prof	bebly 4 Unknow
	by						79.50.07		T	minutes and a second
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	0	examiner? 1 ☐ Yes 2⊠ No	Hospitel:	t 2 ER/OL	tpatient 3 DOA Ot	har		sidence 8 🗆 Oth	or (Engels	· · ·
		27. Menner of Death	28e. Dete of fnjury		Time of 28c. Injury Wo			how tnjury occur		<i>"</i>
	<u></u>	1 Neturel 5 ☐ Pending investigation	(Month, Day	Year)		rk?]Yes 2 □ No				
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1	Certification:	4 ☐ Homicide determined	building, etc.		rm, street, fectory, office		City or To	own, Stete)	er or nura	ir nobte rumber,
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the de	the att	Injury,
that the de	d by the att	n and Mema iny Injury,
res that the de	igned by the att	vs any injury,
requires that the de-	en signed by the att	shows any injury,
law requires that the de-	is been signed by the att	23 shows any Injury,
The law requires that the de	e has been signed by the att	im 23 shows any injury,
AN: The law requires that the de-	ficate has been signed by the att	state Dept. or neatth and mental item 23 shows any Injury,
SICIAN: The law requires that the de-	certificate has been signed by the att	ne state Dept. or nearth and mental, or item 23 shows any injury,
PHYSICIAN: The law requires that the de	this certificate has been signed by the att	with the state Dept. of Health and Mental Ked, or item 23 shows any Injury,
NG PHYSICIAN: The law requires that the de-	fer this certificate has been signed by the att	narked, or item 23 shows any injury,
NDING PHYSICIAN: The law requires that the de-	4: After this certificate has been signed by the aft	is marked, or item 23 shows any injury,
ATTENDING PHYSICIAN: The law requires that the de-	CTDR: After this certificate has been signed by the att	28 is marked, or item 23 shows any injury,
OR ATTENDING PHYSICIAN: The law requires that the de-	URECTOR: After this certificate has been signed by the att	ours aret deam with the state bept. Or hearth and mental em 28 is marked, or item 23 shows any injury,
AL OR ATTENDING PHYSICIAN: The law requires that the de-	AL DIRECTOR: After this certificate has been signed by the aft	72 hours after death with the State Dept. of health and mental If Item 28 is marked, or item 23 shows any Injury,
SPITAL OR ATTENDING PHYSICIAN: The law requires that the de-	NERAL DIRECTOR: After this certificate has been signed by the att	nin /2 nours after deam with the State Dept. of health and mental NT: If Item 28 is marked, or item 23 shows any Injury,
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de-	FUNERAL DIRECTOR: After this certificate has been signed by the aft	within 72 hours after death with the State Dept. or health and mental 4TANT: If Item 28 is marked, or Item 23 shows any Injury,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be ned within 72 hours arec deam with the State Dept. of health and welfial hydere prior to outrial, chembon, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL HYGI					
ļ	1. DECEDENT'S NAME (First, Middle, Lest) Edward M. Go	rschboth				2. DATE OF DEATH MONTH	DAY, YE	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 217-03-8730	5. SEX 8. AGE (III		UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year NOV. 25	1913	Maryland			
OR	9e. FACILITY NAME (If not institution, give street end number) Union Memorial Hospital Baltimore City N/A										
DIRECTOR	104. STATE 10b. COUNTY	N/A	10c. CITY, TO	OWN OR LOCAT		nore City	,	10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	- · · · · · · · · · · · · · · · · · · ·		10t.	ZIP CODE		10g. CITIZEN	1 X YES 2 □ NO OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	Greenhill Av 12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPANI		Yee or No — 14.	States RACE — American indian, Black, White, etc.			
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗌 YES	2 X NO Specify:			SpecHy: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12		(Give kind of work life. Do NOT use re Repairm	done during mot tired.)	IN st of working	1200000	BUSINESS/INDUSTI	RY			
BE CON	17. FATHER'S NAME (First, Middle, Lest)	Edward Gorso	chboth		Table District	ena Baur	den Sumame) ngarten				
TO B	190. INFORMANT'S NAME (Type/Print) Doris E. Gorsch	both			nd Number or Rural Ri hill Aver			Md. 21206			
	20e. METHOD OF DISPOSITION 1		PLACE AND DATE OF D elery, crematory or other p III top Ser				LOCATION — City OWSON	or Town, State Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Milton J Kn	ight Jr	5305	Harford	Leona Road Bal					
CERTIFICATION	23. PART i. Enter the diseases, of abook, or heart fellure. iiMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. SEPS DUE TO (OR AS A DUE TO (OR AS A	ich line.	•	de of dyling, auch	as cardiec or re	eepiratory arreet,	Approximata interval Between Onset and Death 6 DAYS 16 DAYS 5 YEARS			
PHYSICIAN: MEDICAL CI	PART II. Other eignificent condition LING MASS DID TOBACCO USE CONTI	COPD,	PROSTA	TE C	A .	PEF	S AN AUTOPSY IFORMED? S 2 M NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	a 5 Seeldence	B Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJ WO		6 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED					
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, streamy)	nt, tactory, offic	•	28t. LOCATION (St. City or Town, S	reet and Number or Ritate)	tural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.										
8	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER A 7 2 4 3 8 9 4 6 . MAY 2 8 7 9 6										
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OEA	TH (ITEM 27) (Type, Pri		9LTIMO			18			
	31. DATE MAY 3 0 1996	P. REGISTRAN'S SIGN	and the								



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

Physician /Medical **Examiner**

Funeral Director

Baltimore, Maryland 21215-0020

r than "natural", or items 23s or the Medical Examiner must be hours after alt. Pages 1 and 2 should be liled within 72! arment of Health and Mental Hygiene. ordent if flem 27 is merked other than "nath injury or other traumatic event, the Medical

Physician /Medical Examiner

attending physician and for use as the burial-transit The law requires that the death certificate be executed ed by the a page 2 has certificate or Attending Physician: funeral director, After this

Be

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Certification:

Medicai

Division of Vital Records, P.O. Box 68760,

To the Hospital within 24 hours a To the Funeral C 10

after death. Director: Aft

Hospital

filled in by

1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3 Time of Death May 28. 7996 Richard Green 2:00 AM 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Maryland General Hospital Baltimore City N/A 7. Age (In yrs. lest birthdey) 76 Yrs. If Undar 1 Yaar If Undar 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 8. Deta of Birth (Month, Dey, Year) Birthpleca (State or Foreign Country) Deys **¥□**M 2□ F 251-12-3473 Yrs. Oct.24, 1919 SC Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1/5 Yes 2 □ No Director MD n/a Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 2321 Rosedale St. 21216 Funerai USA 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indien, 11. Marital Status Bleck, White, etc. 1 IIIXes 2 □ No If Yes, Giva Yeer or Detes: WW I I 1 Never Merried 2 Married 1 Yes 2000 Specify: þ Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Laborer National Gypsum 8th 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be Sam Green Corine Thompson 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Code) Annie D. Green 2321 Rosedale St. BAlto., MD 21216 20b. Plece of Disposition (Nama of cematary, cremetory or other place) 20a, Mathod of Disposition 20c. Location - City or Town, Stata ₽G Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stete 4 ☐ Donation 5 ☐ Othar (Specify) Garrison Forest 6/2/96 Owings Mills, MD 21. Signature of Funerel Service Licensee 22. Name and Address of Fecility

James A. Morton & Sons Funeral Hom

Ralton MD 21217 22. Neme end Address of Fecility Mar LOW 23a Part1. If or the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, wheer fellure. List only one cause on each line. Approximete Interval Between Onsat and Death Immediete Cause (Finel disaase or condition rasulting In deeth) Metastalic Cancer Colon Cancer Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Prostatic Cancer Dua to (or as a consequence of): 23b. Did tobacco use contributa to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Pert I. 4 Unknown 1 Yes 2 No 3 Probably à 24b. Were autopsy findings aveilable prior to complation of cause of deeth? 24a. Wes en autopsy performed? Completed

1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) Hoapitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Tima of 28d. Describe how injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba 3 ☐ Suicida 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homlcide 29a. Certifier

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as ateted.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) 29c. License number

29b. Signature end title of certifier

** 1 3 0 1996

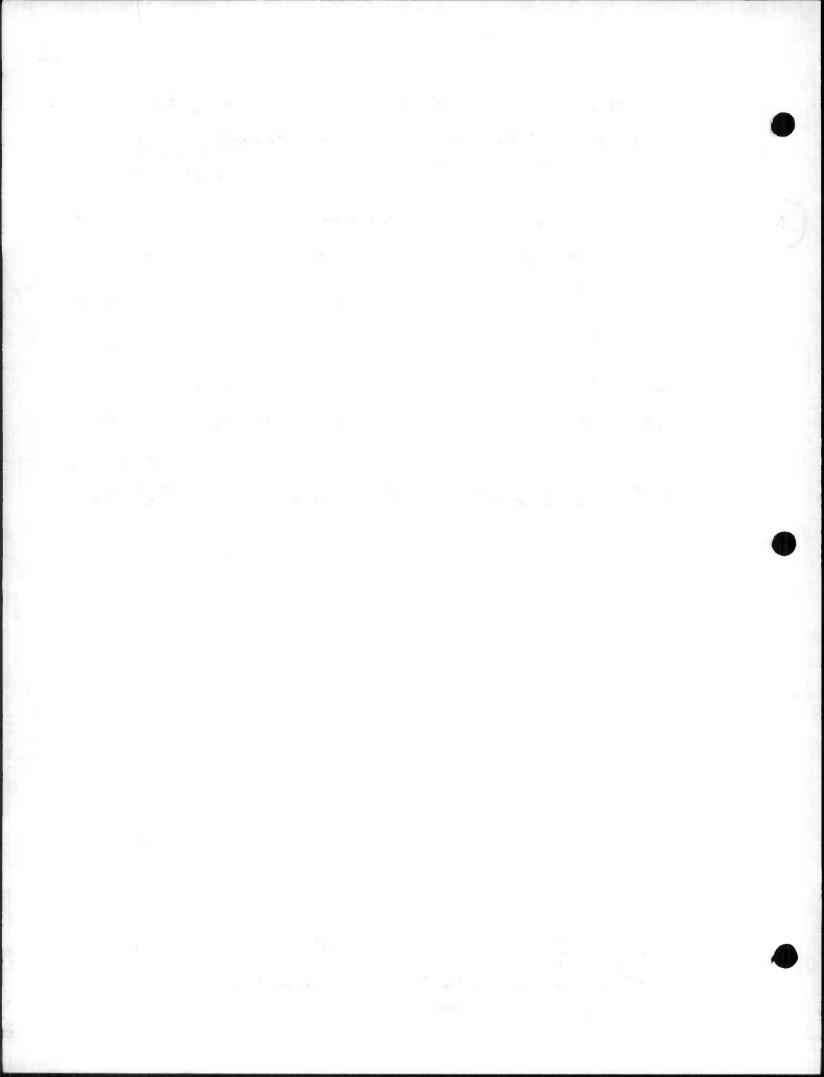
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29d. Date signed (Month, Day, Year) May 28, 1996

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

Arwinnah Bautista, M.D. c/o Maryland General Hospital 31. Dete filed (Month, Dey, Year) / 6.

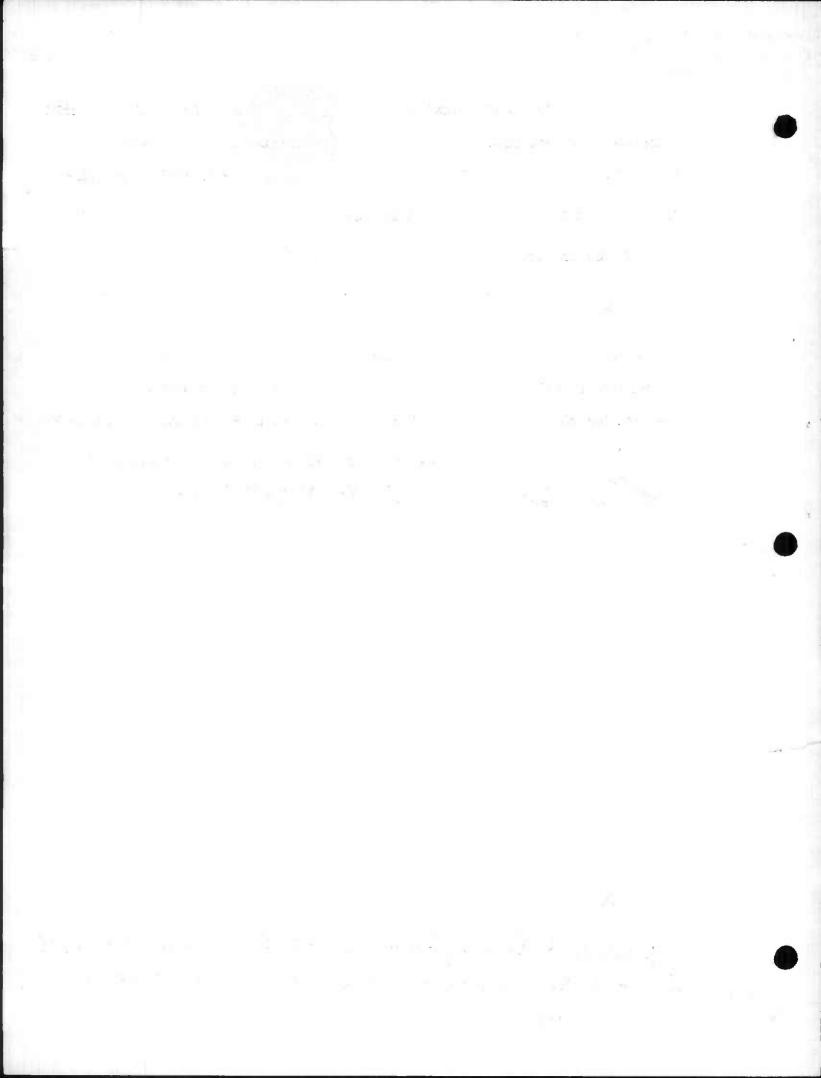




Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene $9\,6$

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							Cel	lilicale 0	ווע ב	Jeani		Reg. No.			
	Physici /Medi		Decedent's Nai	ARD				2. Data of D Month May	Day	Year 996	3. Time of Death 8:55PM				
	Examir		4a. Facility Name	(If not institution	on, giva street and number)				41	c. City, Town,	or Location of Dea	th 4c. Cou	nty of Death	1	
1			Horiz	on Spec	cialty Center		Balti			imore		N/A			
1	Funeral		5. Social Sacurity	Number		e (In yrs. les	t birthdey)	If Undar 1 Ye		If Under 24 H		rth	9. Birth	place (Stete or Foreign	
	Director		214-01-1	388	1□M 2፟M F	87	Yrs.	Months Day	ys	Hours M	in. (Month, D May 5,	ey, Year) 1909		intry) rvland	
	_		Usual Residence	of Decedent							ridy 5	1303	110.	Lyland	
	show		10a. State	10b. County	1	10c. City, 7								10d. Inside City Limits	
	Mag.	ō	MD	N/	/A		Bal	timore						1X Yes 2 □ No	
	28s	Funeral Director	10e. Street and N	umber		l.		10f. Zip Code	9			10g. Citizen	of What Cou	intry?	
	with and	ō	1300 5	. Ellwo	42 Foo					1224					
	9eth	era	11. Marital Status	• DITA	12. Was Decedent I	Ever in II C	12 W	Vac Dooddani o			(Specify Ven er N		USA lace - Amen	iona Indiaa	
	iten d	Ë		wind O Mar	Armed Forces?		IS. V	Yes, specify C	ubar	n, Mexican, Pu	(Specify Yes or N erto Rican, etc.)	F 14.1	liack, Whita		
20	2 should be filed within 72 hours efter deeth with the Maryland end Mental Hygiene. Is marked other than "natural", or items 23a or 28a-f show aurnatic event, the Medical Examiner must be northed	by F	1 ☐ Nevar Mai		If Yes Give	40	1	☐ Yes 2X1N	No	Specify:		Spe	cify:	White	
21215-0020	hour		3 LI WIGOWEG	••			los David	anda David Oa		AT		tot Kind a	D	4	
15	d 2 should be filed within 72 ho th end Mental Hygiene. 7 Is marked other than "natur traumatic event, I'm Mod cal	Completed	(Spe	is. Deceder scify only highs	nt's Education ast grade completed)		(Giva I	ent's Usual Occ kind of work doi 10 NOT use ret	ne di	urina most of v	vorking	16b. Kind o	Business/II	ndustry	
12	withir than	g	Elementary/Sec	2 '	College (1-4or 5	i+)			,					a' .	
	led v		Unkn		1 1)		Secretary			40 34 4 4 5	(F)	Balti		City	
Ë	d off	Be	17. Father's Nama (First, Middla, Last) John Joseph Callahan							er's Name (First, Middle, Meiden Sumeme)					
3	should be filed withind Mental Hygiene. marked other than imatic event, the Mental Men	L _O	2								Mary	Agnes Mo	Cormic	K	
Maryland			19a. Informant's i					-			Rure/ Route Numb				
	other tr		Kennet	h Gemur	ICE		4267			. Apt.	2, San I	nego,	CA 9	2115-4804	
ore	8 7 4 0			20a. Method of Di		2	20b. Piac cem	e of Dispos etery, crem	sition (Neme of netory or other p	p/ece	3)	Date	Date 20c. Location - City		own, Stata
Ĕ	Peges nent of h unt: If ite			_5 ☐ Othar (5	3 □ Removal from Stata Specify)	Gre	en Mo	unt Cre	ema	atory	5/30/96	Balti	more,	MD	
Baltimore,	- 555		21. Signature of Euneral Service Licenses 22. Name and Addre												
m	Depermine Depermine Important Irraportant			l	(HATO		AI	LTENBUR	G	FUNERAI	L HOME, F	.A.			
	_		23a, Part 1, Enter	Lenje	Marian	I the death	60	009 Har	fo	rd Rd.	Baltimo	ore, MD	212		
			shock, or he	art failure. List	r complications that chand t only one cause on each lin	10.	DO NOT GINE	or tria mode or c	aynıg	, sucri as care	ilac of respiratory	arrest,		Approximate Interval Between Onsat and Daath	
Y	Physician /Medical	Examiner	Immediate Course	(Ein al		0,000	/	- 4	PKEUM	1011	4				
1	Examiner		Immediate Cause disease or conditi resulting in death	ion	a ACU	76	45	rin A		J 14	7.1.647			3-4 HOURS	
н			Due to (or es e consequence of):												
	sit ed				GAS	TAIL	: 1	K-373	11	ON	NITH E	W 8 71 3		2 DAY	
	certificate be executed nding physician and use as the buriel-transit	хап	Sequentially list of	onditions,		s a consequ			30.						
50,	oe ex									115				6-7 DATS	
68760,	sete l	dic	that initiated even resulting in deeth)	ts Last		Due to (or as	a consequ	ience of):							
	ing p	n/Medical													
Box	eeth ce ettend I for us	lan/			d										
	deeth	Physicia	Part II. Other sign	ificent conditi	ona contributing to death bu	ut not rasultir	ng in the un	derlying cause	give	n in Part I.	23b. Dlo	tobacco use	contribute	to the cause of death?	
P.0	by the	hy	CEAS	BROW	SCHIAR I	LLAN INSUFFICIENCY					1□	1 Yes 2 No 3 Probably 4 U			
ŝ	s the	by I	CE.110	3110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11.60	-								
Division of Vital Records,	The law requires thet the deeth ste hes been signed by the ettel page 2 should be deteched for r		-		1A1ED	51	16				24a. Wa	s an autopsy		Vere autopsy findings vailable prior to	
C	w re	let		513161	74760	5,1,	7 16		_		- pen	ormed?	C	ompletion of ceuse f death?	
Re	The law	Completed										v			
m			05.144									Yas 2 No	1	☐ Yes 2☐ No	
<u></u>	lclan: certific rector,	Be	25. Was cese refe examiner?	1	Hospital:			1	Othe	. 4	Death (Check only				
of	this al di	To		No	1 L Inpatie	nt 2 ER		3LI DOA		4 Nursing	Homa 5□ Ras			ify)	
Z Z	l or Attending Ph effer death. Director: After thi d in by the funeral	Certification:	27. Menner of Dea	5 Pendir		Year) 28	Bb. Time of Injury	28c. In			28d. Describe	now injury oc	curred		
Sic	or Attendi	cat								'es 2 □ No					
\leq	ther diff	E								factory, office 28f. Location City or T			ion (Street end Number or Rural Route Number, r Town, Stete)		
	irs ef	Ce													
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this certific gompletely filled in by the funeral director.	edical	29a. Certifier (Check only (Ch									steted.			
	the the the the the the the the the the	B										10 110 00 100(0)			
	To	Σ	29b. Signification and title of certifier (a 29c. Licansa number 29d. Data signed (Month. Dev. Yeer)												
	(1)		Marcho, Notonangelo M.D. DO7316 MAY 30								0-1946				
	1		30. Name and add	lress of person	who completed cause of de	eath (Item 23									
1			JOSEP	H D.	NOTARAN	GEL	o M	.D. 3.	ا ۵	St. P.	gul PLA	CE. B	BLTI	400E 2120E	
	Sta	te	31. Date filed (Mo	nth, Day, Year,	32. Begistra	ar's Signature	9								
N	Pogistr		1	MAY 30	1996	Tavidson	-Rande	22							
		-													



State of Maryland / Department of Health and Mental Hygiene 96

						Cert	ificate of	Death	F	leg. No.		
	Physic /Medi		1. Decedent's Name (First, Mic	dile, Last) - C. HAA	5 , s	ir.			2. Date of Dee Month		Year	3. Time of Death
).	Exami		4e. Fecility Neme (If not Institut	tion, give street end number)				4b. City, Town, or		4c. County		
			MEKCYM		ENT			BALTII	MORE	N/	A	
	Funeral Director		5. Social Security Number 216-24-9670	6. Sex 7. Age 1 2 F	e (In yrs. lest	Yrs.	If Under 1 Year Months Deys		(Month Dev	Year) 4,1930	Count	iece (State or Foreign try) M d
	and *		Usual Residence of Decedent 10a. Stete 10b. Coun	nty	10c. City, To	own or Loca	ation				10	Od. Inside City Limits
	Mary	ğ	Md	N/A	Bal	timo	re					1 ☐ Yes 2 ☐ No
	1 the	Je C	10e. Street and Number	,			10f. Zip Code		1	l0g. Citizen of W	hat Count	lry?
	h with	Funeral Director	126 N. Poto	mac Street			212	24		US	A	
	deet	ner	11. Meritel Stetus	12. Wes Decedent E Armed Forces?	Ever In U,S.	13. W	as Decedent of	Hispanic Origin? (S een, Mexican, Puerl	pecify Yes or No-			an Indien,
21215-0020	72 hours efter deeth with the Maryland natural, or items 23a or 28s-f show ofcel Examiner must be notified at	ò	1 ☐ Never Merried 2 ☑ Ma 3 ☐ Widowed 4 ☐ Divorce	arried 12 Yes 2 N		1[Tes, specify Cut. ☐ Yes 2 ☐ No		o rican, etc.)		k, White, e	
5-0	"natural",	e e		lent's Education hest grade completed)	10	Sa. Decede	nt's Usual Occu	pation	rkina	16b. Kind of Bu		
121	5 . 5	Completed	Elementary/Secondary (0-12	+)			during most of word)					
		3	9			Mech	anic	Landin	333,000	Steel		
Maryland	8 4 5 V	Be	17. Fether's Name (First, Middle						ne (First, Middle,		9)	
Z	d Men	P	George Haas			Ob. A falling	A 44 (Ou		s Wszol			0.41
Ma	C 0 = 6		19a. Informent's Name/Relation Dorothy Haas			_		mac Str				
e,	of Health item 27		20a. Method of Disposition	/ wile	20b. Place	of Disposi	tion (Neme of			20c. Location -		
Baltimore,	permit. Pages Department of Important: If it any Injury or once.		4 ☐ Donation 5 ☐ Other			apea		matory				
Bal	Depar Impor		21. Signature of Fundral Service	(crepal	el	Mo		ess of Facility hton Fu Baltimo				Md21224
			23a. Pert1. Enter the disease,	or complications that caused ist only one cause on each lin	the death. D							Approximate Interval Between
)	Physician /Medical		Immediete Cause (Final	DJ. Co		ta			4			Onset and Death
	Examiner		disease or condition resulting in death)		2.7		In	euvn				
		ē		5	Due to (or as	a consequ	ence oy:	. 0	-/1.	/	0	
	outed ad ransit	Examiner	Sequentially list conditions,	b	Due to (or as	(or as a consequence of):						
oʻ	a axacur an and inal-trar		if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury		andle	0 2	Male	e m	PS L	V		
68760,	ificate be axecuted g physician and as the burial-transit	Medical	that initiated events resulting in deeth) Last	С.	Due to (or as	a conseque	ence bi):	0 0	1 -1 -	A	1	
~	n certifica anding ph use as t	n/Med	looding in door, east	d		ver	such	ula ch	litert	alice		
Bo)	d for us	Physician/	Part II. Other eignificant condi	itions contributing to death h	it not regulting	n In the une	larlying cause o	von in Part I	23h Did to	obacco una con	tribute to	the cause of death?
P.0	that the de ed by the detached	hys	^		it not resulting	g an trie dire	lerlying cause g	voil iii rait i.				eably 4 Unknown
	es tha igned be dat	y P	PNEUmo)/U[A								,
of Vital Records,	been s	Completed by	PULMONA	try Hem	OKRI	1461	Ξ		24a. Was a perfor	n autopsy med?	sve	ore autopsy findings bilable prior to inpletion of cause death?
Re	The lew rate has page 2	mc							1)X/Y	es 2□No		Yes 2□ No
tal		BeC	25. Wes case referred to media	cal				26 Place of Dec	ath (Check only or		7	7100 2010
>		To B	examiner? 1 ☐ Yes 2 ☑ No	Hospitel: 1 Alnpatie	nt 2 TER/	Outpetient	3□ DOA Ot	hor	lome 5 Resid		r (Specify	()
0	두 두 등		27. Manner of Deeth	28a. Date of Injur	v 28t	. Time of	28c. fnju			ow Injury occurre		,
0	ath. r: Aft	atlo	1 Accident 5 Pend	stigation (Monal, Day	, bai,	Injury		Yes 2 □ No				
Division	al or Attending is after death. I Director: After d in by the funer	Certification:	3 ☐ Sulcide 4 ☐ Homloide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Note of City or Town, Stete)									Route Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical (29a. Certifier (Check only one) 1 Certify 2 Medica	ying Phyelclan: To the best of al Examiner: On the basis of and manner sta	examination	ige, death o and/or inve	occurred at the ti stigation, in my	ime, dete end plece opinion, death occu	, and due to the corred at the time, d	ause(s) and mer late and place, a	nner as sta nd due to	ated. the cause(s)
	withir To the	Me	29b. Signature and title of cartif	lief /			29c. Licen	se number	2	9d. Date signed	(Month, L	Jey, Year)
			11/1/	la lace.	non		P	19171		MAYZ	1	1496
		1	30 Name and address of person	on who completed sause of de	eth (Item 20)	(Type, P	rint)	110/		1.1174	-1	1. 4
			KEITH HAL	RSTON 30	1 5+	PAW	LPL.					
	Sta	ite	31. Date filed (Month, Dev. Yea	OC SUR LANG	's Signature	LE						

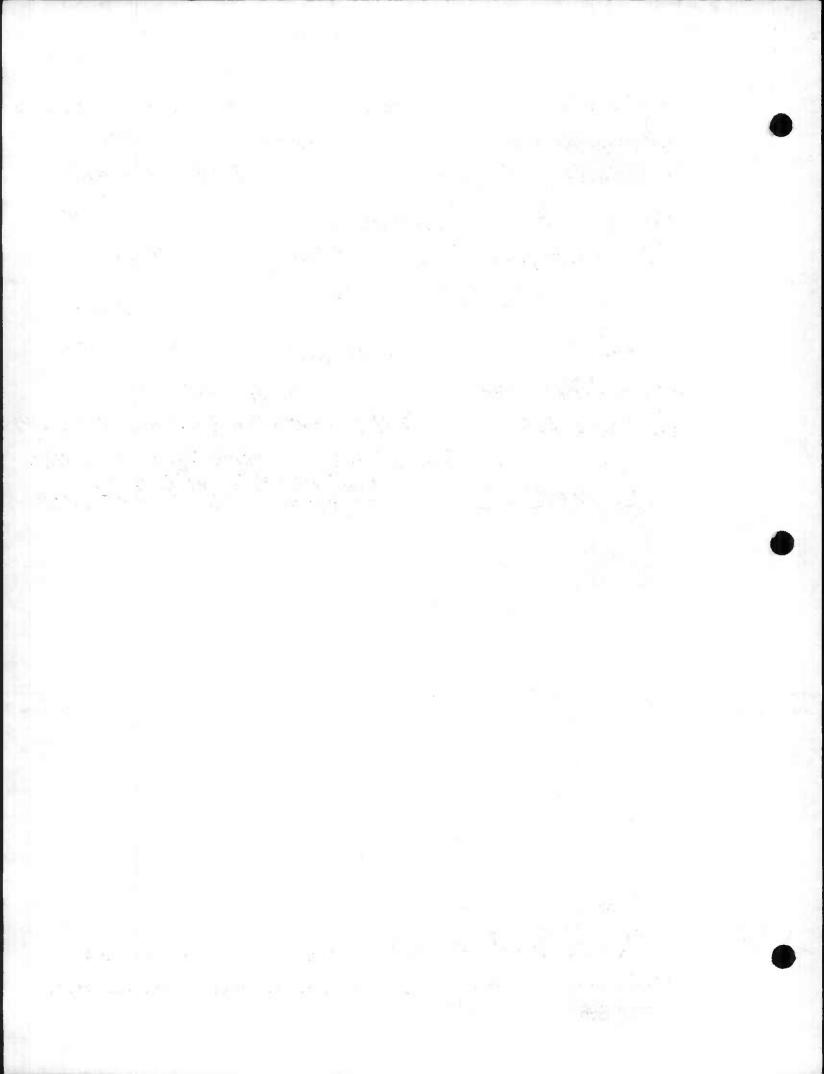
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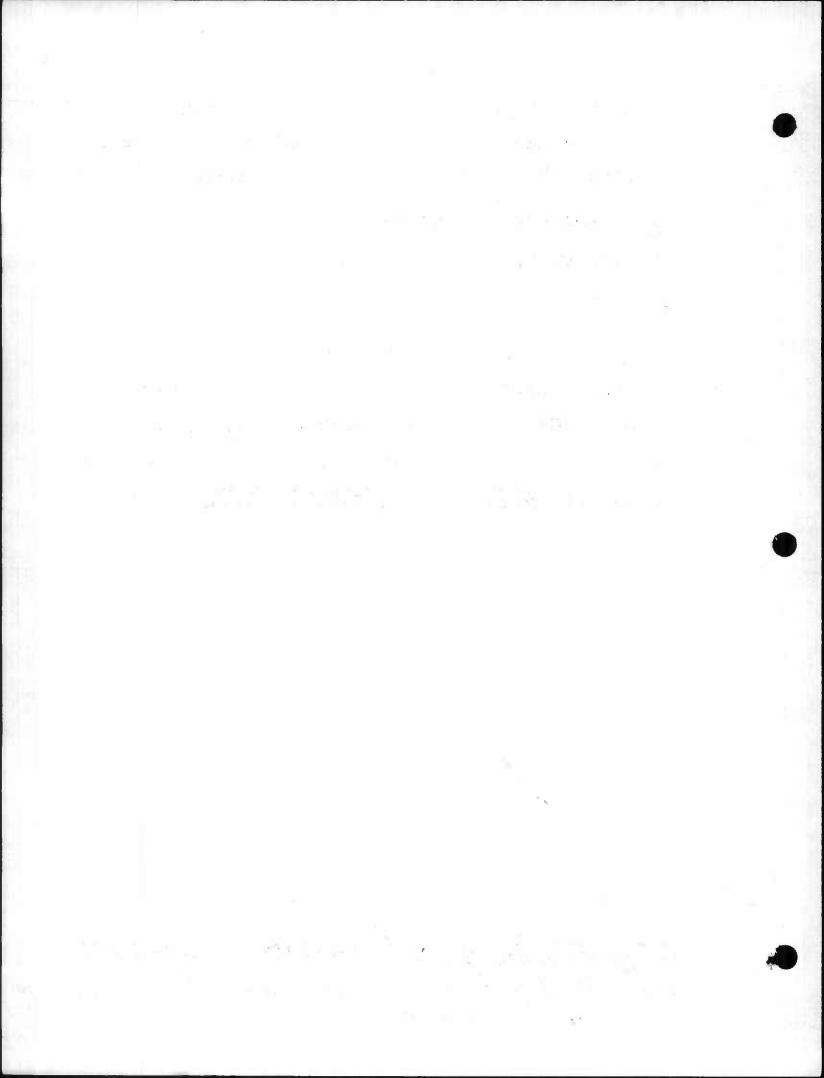
				C	ertificate of	f Death	Re	g. No.		
		1. Decedent'a Nama (First, Middle, L	ast)				2. Data of Death	1	V	3. Tima of Death
Physici /Medi		THELMA C		Ċ	JENKINS		Month MAY 25	5,199	Yeer	20:34
Exami		4e. Facility Nama (If not institution, gi				4b. City, Town, or L BALTIMO		4c. County	of Death	
Funeral Director		Social Security Number 6.		e (In yrs. iast birthda	Months Dey	if Undar 24 Hrs.	8. Date of Birth	1728	9. Birthpla	ace (State or Foreign
a-f show	ctor	10a. Stata 10b. County	A	10c. City, Town or	Location				10	ld. Inside City Limits 1 12 Yes 2 □ No
ath with the M 23e or 28e-f	ai Dire	10e. Street end Number	X95711/6	LANT	10f. Zip Coda	1212	10	g. Citizen of	What Country	ry?
within 72 hours after death with the Maryland ene. Then "neturel", or items 23e or 28s-f show he Medical Examiner must be notified at	by Funeral Director	11. Maritai Status 1 ☐ Navar Merried 2 ☐ Married 3 ☐ Widowed 4 D Divorced	2. Wes Decedent Armed Forcas? 1 Yes 2 1 If Yes, Giva Yeer or Detas:		3. Wes Decedant of If Yas, specify Cu 1 ☐ Yes 2 ☑ N	Hispanic Origin? (Sp ban, Maxican, Puarto Specify:	ecify Yes or No- Rican, atc.)		ea - Amarica ck, Whita, at V. Blaz	
d within 72 hours af gjene. r than "natural", or the Heolesi Exam	Completed	15. Decedant's E (Specify only highest gr Elemantary/Secondary (0-12)	Education rade completed) College (1-4or 5	(Gi	cedent's Usuei Occive kind of work don DO NOT use retir	e during most of work	sing 1	86. Kind of B	OFT.	ustry 105
s 1 and 2 should be filed within 72 hours after death with the Maryla f Health and Mental Hygiene. The filem 21 is marked other than "natural", or frams 23a or 28s-f shouther traumatic event, the Medical Examiner must be notified as	To Be Co	17. Fether's Nama (First, Middle, Las PIR LEY L, RIC 19a. Informent's Name/Relationship	HARDGON	19b. Ma	ulling Addrass (Street	18. Mothar's Nam	e (First, Middle, M DPA ral Route Number,	NNO	V	Code)
permit. Pages 1 and 2 Department of Health Important. If Iden 27 any Injury or other tr once.		20a. Mathod of Disposition 1 Burial 2 Cremation 3 I 4 Donation 5 Other (Speci	maee /	KING /	position (Name of remaining or other p	K 5	FUNCTO	DIAM Oc. Location	City or Tow	D, 21229 m, Stata v MV,
Physician /Medical Examiner	er	23a. Papt. Enter ha disaase, of construct a hard failura. List only immediate Causa (Final disaasa or condition resulting in daath)	a. RUPTUR		ocannia	ying, súch es cárdiac		st,	7 1	Approximate intervel Between Onset and Death
a executed an and irial-transit	Examiner	Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disease or injury	b	Due to (or es e cons	equanca of):					
ath certificate be executed titending physician and for use as the burial-transit	Medical	Cause (Disease or Injury that initiated evants rasulting in death) Lest	d	Due to (or as e cons	equence of):					
death e atte	Physician	Part ii. Other significant conditions	contributing to death bu	ut not resulting in the	undarlying cause (jiven in Pert I.			ntribute to t	the cause of death?
requires i been signi should be	Completed by						24a. Was an parlorm	autopsy ed?	evai	ra autopsy findings iliable prior to apletion of cause eath?
F # 2		25. Was case rafarred to medical					H Yas		16	Yas 2 No
Physician: this certific	To Be	examinar?	Hospital:	at GENERAL CONTRACT	iont 20 004 0	ther	h (Check only one		/0*-	
Phy ral c		27. Menoer of Death 1 Natural 5 Panding 2 Accident investigation	28a. Dete of Injur (Month, Day	v 28b. Tima	of 28c. inj		orna 5 ☐ Rasidar 28d. Dascribe hov			
tal or Attending is after death. al Director: After ed in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be datarmined		ory - At home, ferm, s. (Specify)	streat, factory, office	ð	28f. Location (Stre City or Town,		per or Rural	Route Number,
he Hopping Phone	edical	29a. Certifiar (Check only one) Certifying Pl	hysician: To the bast of minar: On the besis of end mannar sta	axamination and/or	ath occurred at tha invastigation, in my	tima, date and place, opinion, daath occur	and dua to tha car red at tha tima, da	use(s) end mata and placa,	annar as sta and due to t	itad. tha ceuse(s)
TE SE DE	M	29b. Signature and titla of certifiar	Bully	le ly	2	nsa numbar		d. Data signe		
		30. Nama and address parson who	complated causa of de		e, Print)	ME		MAY 26		
	te	31. Date flied (Month, Day, Year)	13. 100 1030	V 111 Pe	enn Stre	et, Balt	imore,	Mary.	Land	21201



State of Maryland / Department of Health and Mental Hygiene 96

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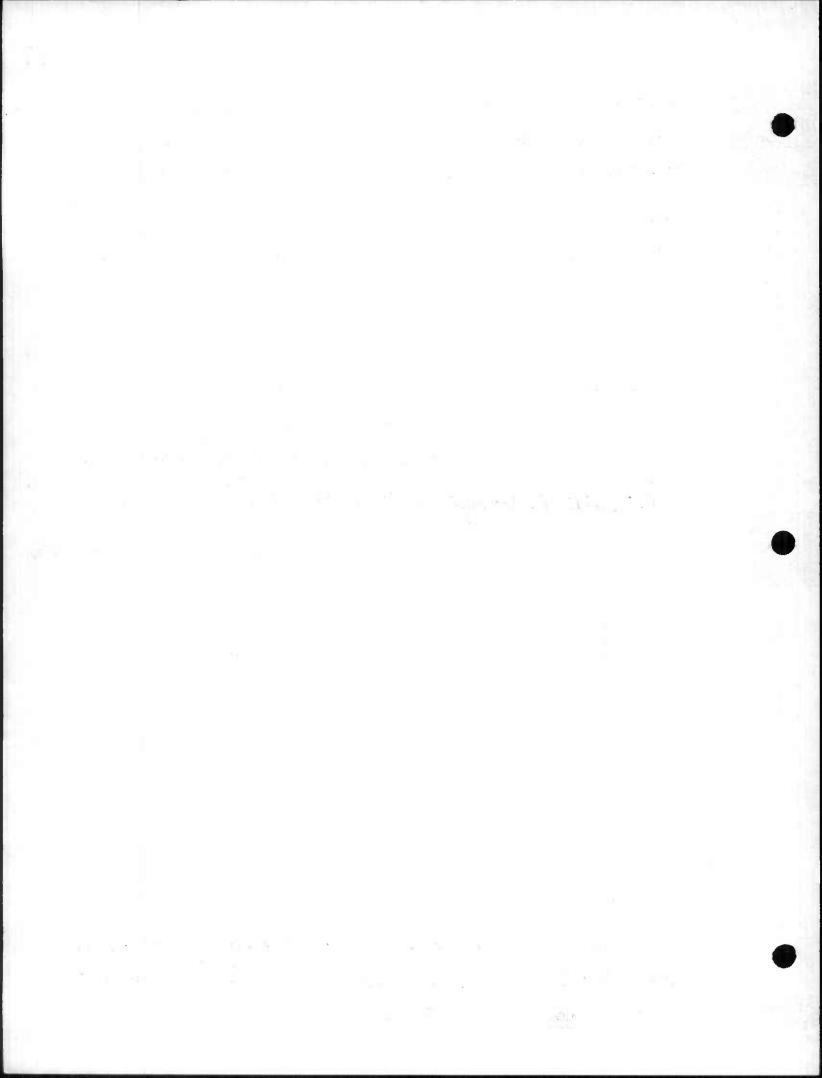
		Certificate of Death	Reg. No.	
	1. Decedent's Nema (First, Middle, Last)		2. Dete of Deeth	3. Time of Death
Physician	OLLIE JACKSON		Month Day 5/24/96	Year 3.45 A-
/Medical Examiner	4a. Facility Nama (If not institution, giva streat and number)	4b. City, Town, or L	· · · · · · · · · · · · · · · · · · ·	of Death
LAMINITE	(HOME) 507 N. FULTON AVE.	BALTIMO		O. CITY
un a val		yrs, last birthday) If Undar 1 Year If Under 24 Hrs.	8. Deta of Birth	
uneral irector	216 14 3358	Months Days Hours Min.	(Month, Day, Year) 5/8/20	9. Birthplaca (Stata or Foraign Country) VIRGINIA
vast be notified at rai Director	10a. Stata 10b. County 10c	c. City, Town or Location		10d. Inside City Limits
to to	MD BALTO, CITY	BALTIMORE		1∰ Yas 2□ No
Director	10e. Street end Number	10f. Zip Coda	10g. Citizen of W	/het Country?
	507 N. FULTON AVE.	21223	USA	
y Funeral	11. Marital Status 12. Was Dacedant Ever			- Amaricen Indien,
Ē	Armed Forcas? 1 □ Never Married 2 □ Married 1 □ Yes 2 型 No	in U,S. 13. Wes Decedant of Hispanic Origin? (Si If Yes, specify Cuben, Mexican, Puarto	Rican, atc.) Black	c, Whita, etc.
by		1 ☐ Yas 2# No Specify:	Specify:	BLACK
		16a. Decedant's Usual Occupation	16b. Kind of Bu	siness/Industry
Completed	(Specify only highest grade completed)	(Give kInd of work done during most of work life. DO NOT usa ratired)	king	
E	Elementary/Secondary (0-12) College (1-4or 5+)	MEAT CUTTER		
Be	17. Fathar's Nama (First, Middle, Last)		na (First, Middla, Maidan Surname	9)
	CLARENCE JACKSON	M	ARIA MONROE	
10	19a. Informant's Neme/Ralationship (Type, Print)	19b. Mailing Addrass (Street and Number or Ru		State Zin Code)
To	BLANCHE BETTIS			- Later ()
		507 N. FULTON AVE. BA		City or Town, Stata
6	1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel from Stata	cematary, cramatory or other place)	- 0.	
juy	4 ☐ Donation 5 ☐ Othar (Specify)	MT. ZION 5/29/96	lansdow	ne, Mu.
any Injury or of once.	21. Signature of Eunerel Sarvice Licensee	22. Nama and Addrass of Facility ESTEP BROTHERS FU	INFRAI HOME P A	
a o	real 4 sty	1300 EUTAW PL. BA		21217
	23a. Pert1. Entar the disease, or complications that couled the shock, or heart failura. List only one cause on each lina.	daeth. Do not antar tha mode of dying, such es cardied	or respiretory errest,	Approximeta Intarval Between
s the burial-transit and posterior state burial-tra	b.	g CanCeR to (or as a consequence of):		
edical Ex	Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Diseasa or injury that initiated evants resulting in death) Last	to (or as a consequence of):		
2				
3	Part II. Other significant conditions contributing to death but no	t rasulting in the undarlying causa given in Part i.	23b. Did tobacco use con	tribute to the cause of death?
Physician/			1 ☐ Yee 2 ☐ No	Probably 4□Unknown
by				
pega 2 should be deteched Completed by Physic			24a. Wes en eutopsy performed?	24b. Wara autopsy findings available prior to
2 sh				completion of ceusa of deeth?
E CO			1 ☐ Yes 2 No	1 ☐ Yas 2 ☐ No
director, p	25. Was case referred to medical	26 Place of Dec	ith (Check only ona)	
To B	axaminar?	Othor	oma 5 ⊠Residence 6 □Otha	v (Specify)
	27. Mannar of Death 28a. Data of Injury Natural 5 Pending (Month, Day Yes		28d. Dascribe how injury occurre	
to the	Natural 5 Pending (Month, Day Year 2 Accidant invastigation	ar) Injury Work? M 1 ☐ Yas 2 ☐ No		
Certification:	3 Suicida 6 Couid not be 28a Place of Injury	At home, farm, straat, factory, office	28f. Location (Street and Number	er or Rural Routa Number,
3 7	4 Homicida building, atc. (S)	pacify)	City or Town, Stata)	
Cal	29a. Certifiar (Check only one) 179. Certifying Physician: To tha best of my 2 Medical Examinar: On the basis of examinari one) 189. Certifying Physician: To the best of my 2 Medical Examinar: On the basis of examinari one)	r knowledga, daath occurred at tha tima, data end place nination and/or Invastigation, in my opinion, daath occu	, and dua to tha ceusa(s) and mar rred at tha tima, data and place, a	nner as stated. nd dua to tha ceusa(s)
Med	29b. Signatura end titla of certifiar	29c. License number	29d. Data signed	(Month, Day, Year)
٥	1X4 0 12 11	MARIA	5/3/	1/4/
	Janes 11 pro/1/1	. 27010	2/24	110
	30. Name end addrass of person who complated causa of daath	(Itam 23a) (Type, Print)	to A as	0 01
	Lyut D. Johnson	1 97. S. Greenec	x Jule 200	Beltmore HI
State	31. Date filed (Month, Day, Year)	Mandall		42
egistrar	MAY 3 0 1996			



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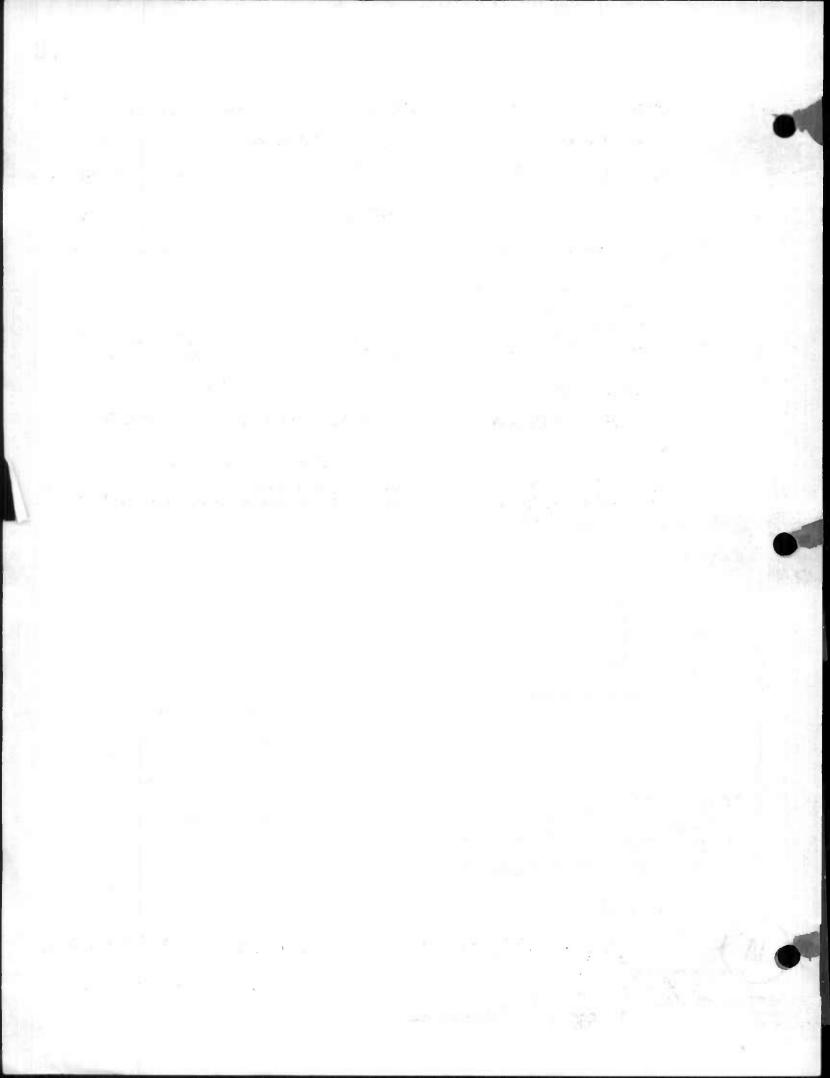
								ertific	ate o	t Death	1		Reg. No.		
	Physic	ian	1. Decedent's Neme (First			ON						2. Dete of D Month	eeth Dey	Year	3. Time of Death
	/Medi	cal	ROSETTA D							4 On T		-	23, 199		2:30 a.
7	Exami	ner	4e. Fecility Neme (If not in 2312 AISQU									E, MD			
Н	Funeral		5. Sociel Security Number		Sex	1	yrs. lest birthe		der 1 Yea	ar if Under	24 Hrs.	8. Date of Bi		9. Birth	place (Stete or Foreign
ı	Director		243-46-804	5	1□ M 🐙 F		67 Yr	s. Mont	ns Dey	s Hours	Min.	May	0, 192	9 Cou	N.C.
	and		Usuel Residence of Deceded	lent County		100	c. City, Town o	r Location							10d. Inside City Limits
	with the Meryland a or 28a-f show be notified at	Director	MD.				BALTI								1 No 2 No
	with th		10e. Street end Number 2312 AISQU	שתדו	CMDEEN	n		10f.	Zip Code		110		10g. Citizen of		
	leath ms 23	Funeral	11. Meritel Status	1111	1	L cedent Ever	in U.S.	13. Was De	cedent o	212		ecify Yes or N	n- 14. Rec		S.
Maryland 21215-0020	n 72 hours after death with the Meryland "natural", or flams 23a or 28a-f show oddell Examiner must be notified at	by	1 ☐ Never Merried 2 ☐ 3 ☐ Widowed 4 🔯 Di		Armed F	orces?			pecify Co			ecify Yes or N Rican, etc.)	Specif	ck, White,	
5-0	72 ho	eted		cedent's E	ducation rade completed	h	16e. D	ecedent's U	suel Occ	upetion e during mos	st of work	ina	16b. Kind of B	usiness/îr	ndustry
121	within ena.	Completed	Elementery/Secondary			(1-4or 5+)	11	fe. DO NO	use reti	red)			FEDERA	T CC	MEDNMENII
d 2	Hygi Hygi mt,		1 2 17. Fether's Neme (First, I	Aiddle, Las	t)		5.	ECRET	ARY	18. Moth	er's Neme	e (First, Middle	, Melden Sumen		OVERNMENT
lan		o Be	LUTHER DE								ELE			,	
lary	d 2 should th and Men 7 is marke traumatic	F	19e. Informant's Neme/Re	letionahlp	(Type, Print)		19b. N	lelling Addr	ass (Stre	et end Numb	er or Run	el Route Numi	er, City or Town,	Stete, Zij	o Code)
	C = N =		MABLE STO							K AVE	NUE				
Baltimore,	Solo		20e. Method of Disposition 1 Burlei 2 ☐ Cren	etion 3 [n Stete		cremetory	or other p			Date	20c. Location		
Him	pemit. Peg Department important: If any injury o		4 ☐ Donetion 5 ☐ O 21. Signeture of Funerel S	-		Ψ.	ERUSA			TERY fress of Fecili			WOODLA		
Ba	Depa impo any i		D Purierers	01	// /								ord St.		W. D.C.
			23a. Pert1. Enter the dise shock, or heart feilur	ese, or con	nplications thet	caused he	deeth. Do not							TINC	Approximete
	Physician /Medical Examiner		Immediete Cause (Final diseese or condition	a. List only								y ca		1	Interval Batween Onset end Deeth
	F. (1)	ner	resulting in deeth)		θ	Due	to (or es e cor	nsequence	of):		C			1	
0,	certificate be executed ding physician end se as the buriel-transit	Examiner	Sequentially list conditions if eny, leeding to immedial cause. Enter Underlying		b	Due	to (or es e cor	nsequence	of):						1 1915
68760,	ate be nysicia he bu	Ilcai	Causa (Disaese or injury thet initieted events resulting in deeth) Last	5	c	Due	to (or es e cor	sequence o	of):						
×	2 2	n/Medical	Tooling III dooling add	L	d										
). Bo	daath o	Physician	Pert II. Other significant c	onditions	contributing to	death but no	t resulting in th	ne underlyln	g cause	given in Pert	l.	23b. Did	tobacco use co	ntributa t	to the cause of death?
P.0	es that the death igned by the atte be detached for											10	Yes 2□ No	3 Pro	bably 4 Unknown
Records,		d by										24e Was	an eutopsy	24b. W	/era eutopsy findings
00	_ G (s)	lete											ormed?	CC	veileble prior to empletion of cause death?
	0 5 %	Completed										10	Yes 2 No		□Yes 2□No
Vital		Be C	25. Wes case referred to rexeminer?	nedical						26. Pleca	a of Daat	h (Check only	one)		
of <	Physiclan: this certific	2	1 Yes 2 No		Hospital: 1	Inpatient	2 ER/Outpo	etlent 3	DOA	Other: 4 No	ursing Ho	me 5 Res	ldence 6 □Oth	er (Speci	fy)
ion o	Attending Pi	cation:		Pending Investigation		of Injury oth, Dey Yea	28b. Tim Inju			uryat /ork? □Yes 2□		28d. Describe	how injury occur	red	
Division	0 6	Buttil		Could not b datermined	28e. Plec	e of Injury - ding, etc. (Sp	At home, ferm	, street, fec	tory, offic	е			(Street end Numb wn, Stete)	per or Run	al Routa Number,
Ī	To the Hospital Nithin 24 permit To the Friend	dica.	29e. Certifier Check only one)	ertifying Pl edical Exa	miner: On tha t	basis of exar	knowledge, d	eeth occurr r Investiget	ed et the	time, dete er opinion, dae	nd plece, eth occurr	end due to the	ceuse(s) and me date and place,	ennar es s and due t	steted. o the cause(s)
	To the within To the	Med	29b. Signature and title of	certifier	11 -	nner stated.	4.		29c. Lice	nse-number			29d. Date signe	d (Month,	Dey, Year)
			> Peles	-4		-	MI	/ Di ii		036	7	15	29d. Date signe 5-	24	-46
	6		30. Name and address of r					pe, Print)	/	eve.	Bo	ultim	ore M.	0 21	1205
	Sta Registi		31. Dete filed (Month, Dey, MAY 3	-	f. d.	Registrer's S	Signeture	100							



State of Maryland / Department of Health and Mental Hygiene 96 | 59 | 8

					Cer	tificate	of	Death			Reg. No.		
Physicia		Decedent's Neme (First, Middle, Last BRENDA	JOYCE		JOHN	ISON				2. Dete of Do Month	eeth Dey	, 1996	3. Time of Deeth 7:58 pm
/Medica Examine		4a. Fecility Neme (If not institution, give 804 Wicklow Road	street and numbe	r)				4b. City, To Balti		May ecation of Deel		County of Deeth	a
Funeral Director		5. Social Security Number 6. S 217-50-6093 Usual Residence of Decedent	9x □ M 2/ □X F	Age (In yrs. 48	last birthdey) Yrs.	If Under 1	Yeer Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bi Month, De FEB . 4	,1948		place (Stete or Foreign of MORE, MD
e Manyland ta-f show	ctor	10e. Stete 10b. County	n/a	10c. Cit	y, Town or Lo BAL T	IMORE							10d. Inside City Limits XX Yes 2□No
th with th	al Director	10e. Street end Number 2926 ROSALIND	AVENUE			10f. Zip Co	ode		21	215	10g. Citiz UN I	en of Whet Cou TED ST	ATES
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Heelth and Mentel Hyglene. Important: If item 27 is marked other than "natural; or items 23s or 28s-f show any injury or other treumatic event, the Medical Exeminer must be notified at	by Funeral	11. Meritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Worvorced	12. Wes Deceder Armed Forces 1 Yes 20 If Yes, Give Yeer or Detes	(No		Ves Deceder Yes, specify				ecify Yes or No Rican, etc.)		4. Rece - Ameri Bleck, White, Specify: BL	
Baltimore, Maryland 21215-0020 omit. Pages 1 end 2 should be filed within 72 hours af Popartment of Heelth and Mentel Hyglene. Important: If them 27 is marked other than "natural", or my injury or other treumatic event, the Medical Exernance.	Be Completed	15. Decedent's Ed (Specify only highest gra Elementers/Secondary (0-12)	ucation de completed) College (1-40	r 5+)	16e. Deced (Give life. L	lent's Usuel C kind of work OO NOT use CRETAF	Occup done retire	pation during mos d)	t of worki				CITY
/land	10 Be C	17. Fether's Neme (First, Middle, Last) WILLIE HEM	PHILL					18. Mothe	vs Name V I V	A GRE		Surneme)	
ond 2 sho seith and 1 127 is me or treums		19e. Informent's Neme/Reletionship (1 DEBORAH HEM	јуре, <i>Pri</i> nt) PHILL , VI	/ A	19b. Meilin 804			end Numbe W RO	Pror Run	BALTIM	ORE,	Town, State, Zij MAR YLAN	o Code) D
Pages 1 ment of He ant: If Hen ury or oth		20e. Method of Disposition 1 → Buriel 2 → Cremetion 3 → 4 → Donetion 5 → Other (Specify		0	Pieca of Dispo- cemetery, cren ESTERN	netory or other	er ple	ca) CEMETE	RY	Dete 5-31		eatlon - City or T	
Ball permit Depart Import any inj once.		21. Signeture of Funerel Service Licen Bund 23e. Pert1. Enter the diseese, or capped shock, or heert feilure. List survices	mon		Ma 1		une No	eral H orth A	lome Avenu			e, MD 2	1202
reflicate being physicia	lanymedical Examine	Immediete Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediete cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in deeth) Lest	e. <u>Suc</u> b	Due to (o		uence of):						Love	Onset end Deeth
P.O. at the de by the selected	Di Prinysica	Pert II. Other eignificant conditions on Hay Years	ontributing to death WW ONE		-		_				Yes 2		o the cause of death?
The law requires tate has been sign. page 2 should be			O DEGR	e				_		24e. Wes	s en eutops ormed?	ev Cc	ere eutopsy findings vailable prior to empletion of cause deeth?
Vital Relations The law certificate has meter, page 2		25. Wes case referred to medical	· · · · · · · · · · · · · · · · · · ·					26. Plece	of Deet	1 Check only	Yes 2 one)	ZH0 1	□Yes 2□No
Of VIta Physician: This certific		exeminer?	Hospitei: 1 ☐ Inpa	tient 2	ER/Outpetien	t 3□ DOA	Ott	2051				□Other (Speci	fy)
Vision Attending ar death. ector: After by the fune	uncanon	27. Menner of Death 1 Naturel 5 Pending investigation 2 Accident investigation 3 Sulcide 6 Could not be determined	28e. Piece of I		28b. Time of Injury	М		ry et rk? Yes 2 🗆	No			l Number or Rui	el Route Number,
Hospital or no Hospital or no Hospital or no Hours all hours all hours all hours all hospital in distant filled in hospital hospi		29e. Certifier 15 Certifying Phyone) 2 Medical Exam	Iner: On the basis	of examine	wledge, deeth	occurred et l'estigetion, in	the ti	me, dete en	d plece, o	end due to the	cause(s) e	end manner es : pleca, end due !	steted. to the cause(s)
TI		29b. Signature and title of pertifier	end menner	2ns	y vs	29c. L	Cons	se number	129	9	29d. Date	signed (Month)	Dev. Year)
		30. Name and address of person who of fat Abou.	54 M.	٥.	2300	Gar	r /	SON	Blv	d, Bo	altin	nore o	MS
State Registra	8	It. Date tiled (Month, Dey, Yeer)	Silva David	trer's Signe	market.	•							

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		Decedent's Neme (First, Mic	idle Last		Certificate of	Dealii		Reg. No.	T	3. Time of Death
Physici	an						2. Dete of Dec Month	Dey	Yaar	
/Medic		Mildred G 4e. Feclity Neme (If not institut		to and		4b. City, Town, or		28,1996		10:45 P
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72 hours natural;	eted	15. Deced	ent's Education hasf grada completed)		16e. Decedent's Usuel Occu (Give kind of work done	ipation a during most of wor	rkina	16b. Kind of Bu	siness/indu	istry
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Physician // Medical Examiner By physician and est the private fransit set the private francian	edical Examiner	Immediate Cause (Final disasse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disasse or Injury that Initiated events	6. Cd	Due to (or e	Do not enter the mode of dy see a consequence of): Consequence of:	Cardi	Vascu	Jaw d	soea	Zoyrs Iday
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requires been sign should be	Completed by	alze	certicus	des	lase		24a. Was perfo	en eutopsy med?	com	e eutopsy findings leble prior to pletion of cause eath?
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ician: The certificate rector, pag	BeC	25. Was case referred to medic	cal			26. Place of Dec	eth (Check only o	7. 1		-
Physician: this certific ral director,	ToE	examiner?	Hospttei: 1 ☐ In	patiant 2 EF	R/Outpetient 3□ DOA	ther:	lome 5 ☐ Resid		er (Specify)	
Jing After fune	edical Certification:	27. Menner of Death Naturel 5 Pence 2 Accident invas 3 Suicide 6 Coul	stigetion	Injury Dey Year)	8b. Time of 28c. tnjury Wo	ury et ork?] Yes 2 🗆 No		now Injury occur		
Hospitat or Attano 24 hours effer deat Funeral Director: stely filled in by the	Certif	4 Homicide dete	mined 286. Piece o	of Injury - At hom g, etc. (Specify)	e, ferm, street, fectory, office		28f. Location (5 City or Tox	Street and Numb vn, Stete)	er or Rural i	Houle Number,
Hospital or Attanon 24 hours effer deather Funeral Director:	edical	29a. Certifier 12 Certify (Check only ane) Medica	ring Phyalcian: To the b al Examiner: On the bas end menne	is of examinetion	edge, deeth occurred at the to nend/or investigation, in my	ime, dete end pteca opinion, deeth occu	, end due to the ourred et the time,	ceuse(s) end me dete end plece,	nner es sta and due to t	ted. he cause(s)
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	Physic /Medi		Decedent's Neme (First, Mi Harr	_	arce	KL:	ING					2. Dete of De Month May	eeth	996	3. Time of Deeth 4:50 pm.
	Exami		4e. Fecility Neme (If not institu								own, or Lo	cation of Dee			County
	Funeral Director		5. Sociei Security Number 061–14–7259	6. Sex		Age (In yrs. la 78	st birthday) Yrs.	if Under Months		If Under Hours		8. Dete of Bi (Month, D 12/23/	rth ay, Year)	9. Birth	nplece (State or Foreign untry) W YORK
	death with the Maryland ims 23a or 28a-f show	٥	Usual Residence of Decedent 10a. State 10b. Cour				Town or Lo								10d. Inside City Limits 1 □ Yes 2 🕅 No
	the M 28a-f	Director	MARYLAND BAI 10e. Street and Number	TIMORE		G	LEN A	RM 10f. Zip	Code				10g. Citizen of	What Cor	
	th with 23s or		11401 MANOR	ROAD				101. 2.10		057				USA	arity :
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Jar	2 sho		19e. Informent's Neme/Reletion	onship (Type,			19b. Meilir	ng Address	(Street	end Numb	er or Rure	i Route Numb	er, City or Town	, Stete, Z	ip Code)
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Baltimore,	0 5 4 7		1 Buriel 2 Cremetion 4 Donetion 5 Other		vel from Ste	ete car	RO CR	netory or oti	ner pie		5,	/31/96	20c. Location CATON		LE, MD
Sali	permit. Pe Depertmen Important: any Injury		21. Signeture of Funerel Servi	ce Licensee	1)	,) 22	JOHNS	Addre ON E	ss of Fecili	AL HO	ME			
	00360		Christin	200.	Koy	SIK		8521					OWSON,	MD :	21286
	Physician /Medical		23a. Pert1. Enter the disease, shock, or heert feilure. L	or complication ist only one control only one control on the control one control on the control	luse on eec	ebrovas					cardiec d	or respiretory e	orrest,		Approximete Interval Between Onset end Death 3 Weeks
	Examiner	Iner	disease or condition resulting in deeth)	e	As	Due to (or e	es e conseq On Pr		ia						3 weeks
30,	e execute	I Exam	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury		Re	•	es e conseq ailure	,							12 months
ox 68760,	certificate be executed iding physician end ise es the bunei-transit	VMedical Examiner	that initiated events resulting in death) Lest			Due to (or e	es e conseq	uence of):			,			1	
Bo														1	
P.O.	by the	/ Physician	Pert II. Other algnificant cond	itions contribu	ting to deet	h but not result	ing in the ur	ndertying ca	use giv	en in Pert	Ι,		tobacco usa co Yes ¥□ No		to the cause of death'
Records,	sw requires s been sign 2 should be	Completed by											en eutopsy ormed?	0	Vere eutopsy findings veileble prior to ompletion of cause of deeth?
	The ate h	Com										10	Yes 2000	1	☐ Yes 2 🔀 No
Vita	ysician: The scentificate director, pag	Be	25. Wes case referred to medi exeminer?		hal.				0.11		e of Deeth	(Check only	one)		
of Vitai	5 0 0	-T	1 ☐ Yes 2 反 No 27. Menner of Deeth	Hosp	tal: tx⊡ Inp 3e. Dete of I		R/Outpatien		_	4 LIN			dence 6 Oti		ify)
	After fune	ation	1 Netural 5 ☐ Pene 2 ☐ Accident Inve	ding stigetion	(Month,	Dey Year)	:8b. Time of injury	M	c. Injur Wor	k? Yes 2□		zod. Describe	how injury occu	1100	
Division	of in by the	Certification:	3 ☐ Sulcide 6 ☐ Coulded dete	mined 2	Be. Piece of building,	Injury - At hom etc. (Specify)	e, farm, stre	eet, fectory,	office				(Street end Num. wn, Stete)	ber or Ru	rei Route Number,
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edicai (29e. Certifier (Check only one) 1 Certification 2 Medic	al Examiner:	n: To the be On the best	s of exeminetio	edge, deeth n end/or inv	occurred e estigetion, i	the tin	ne, date en pinlon, des	nd plece, o	and due to the ad at the time,	cause(s) end m dete and piece,	enner es end due	steted. to the cause(s)
	Within Toth Comp	M	29b. Signature and title of certi	inf)	10			29c.	Licens	80L	18.		29d. Pate signe	d (Month	, Dey, Year)
	13					of deeth (Item 2			1		. 0 .		10011	* •	
	Sta	te	Howard Golds 31. Dete filed (Month, Day, Yea		9000		Lin Sc	uare	Dri	ve, B	alti	more, l	Maryland	1 212	.37
	Registr		MAY 3 0 1996	guna	The state of the s										

The garden of principle - Common age

State of Maryland / Department of Health and Mental Hygiene 96

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						ertificat	e of	Death			Reg. No.		
Physician		1. Decedent's Nama (First, Middle, L	ast)							2. Data of D Month	eath Day	Yaar	3. Time of Death
/Medical		Francis Edwar	d Lemm	on						May 2			8:27 AM
Examiner		4a. Facility Name (If not institution, g		mber)						ocation of Dea	th 4c. Count	y of Death	
	4	1730 Edgewood		-		Willedge	A Man	Baiti				Baiti	
Funeral Director	ď		Sex 1√2 M 2□ F	7. Age (In yrs	last birtho Yn	Months		If Under Hours	Min.	8. Date of Bi (Month, D	eth ay, Year)		place (State or Foreign
Director	1	218-05-7678 Usual Residence of Decedent	^	/3						Jan.	29 1921	IVI	aryland
M M	I	10s. State 10b. County		10c. C	ity, Town o	Location						1	10d. Inside City Limits
iffed iffed	2	Maryland Balti	more		Balti	more							1 □ Yes 2 XNo
or 28a-fs be notified Director	1	10e. Street and Number				10f, Zip	Code				10g. Citizen of	What Cour	ntry?
		1730 Edgewood R	d.				21	234		25	U	SA	
r ttems 23s ciner must Funeral	5	11. Marital Status	Armad Er	edent Ever in U proes?	J,S.	Was Deced If Yes, spec	dent of I	Hispanic Ori an, Mexican	gin? (Spe , Puerto	ecify Yes or N Rican, etc.)	o- 14. Ra Bit	ce - Americ	
° 8 >		1 Never Married 2 Married 3 Widowed 4 Divorced	If Yes, Gr	2□No ve		1□ Yes 2	2 (0	Specify:			Speci	s: W	hite
		15. Decedent's I	Year or D	Nates: WW	And in contrast of the	andante Here	ul Onnu	nation			18h Kind of I	N. observation	dusta
t, the Medical Ex-		(Specify only highest g	rade completed)		- IGA. DE	loedent's Usua live kind of wor e. DO NOT us	rk done se retire	during most	t of works	ing	16b. Kind of E	SUSINESSISSIS	dustry
M adi	5	Elementary/Secondary (0-12)	n/a	1-4or 5+)	74	Salesma		7.5			Wholesa	ale Li	quor
Be C	2	17. Father's Name (First, Middle, Les	10)					18. Mothe	r's Name	a (First, Middle	, Maiden Suma	me)	
		Francis Edward	Lemmon					Fr	ance	s McG	uire		
- E		19a. Informant's Name/Relationship	(Type, Print)		19b. M	alling Address	(Street	t and Numbe	er or Run	al Route Numb	ber, City or Town	s, State, Zip	Code)
dher tr		Mrs. Frank Lemn	non			730 Ed		ood R	d.,		A STATE OF THE PARTY OF THE PAR	10.000 00.000	
to to	1	20a. Method of Disposition NO Burial Programation 3	□Removal from		Place of Di cemetery,	sposition (Nan cramatory or o	ne of ther pla	ice)		Date	20c. Location	- City or To	own, State
Š		1 Surial Demation 3 4 □ Contation 5 □ Other Spec	ity)	79 N	lew C	athedr	al (Cem.	5	/31/96	Balto	., MI	D
any injury or o		21. Streature of Fundral Service Lice	guissee /	2		22. Name an				ma of	Dulanos	Vall	ey, Inc.
amportar any inju	+	Lowell M. Len	HHOD	mmo		10 W	P	adonia	Rd	Tim	onium	MD 2	1093
100	+	Lowell M. Left Sal Part Chier the disease, or cor shock, or heart failure. List only	mplications that o	caused the dea	th. Do not	enter the mod	le of dyi	ng, such as	cardiac o	or respiratory	arnest,		Approximate Interval Between
ysician												1.0	
edical miner	1	Immediate Cause (Final disease or condition	. M	CTASTITI	76	CANCE	2	. 1	LUN	ic fr	NOT AR		6 MOS
	.	resulting in death)		Due to (or as a con	sequence of):		3 50	18 PEC	TED 1	NOT PR	6200	
sal-transit Examiner		_	b.——										
Jenn Scan		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or as a con	sequence of):							
burial-tra		Gause (Disease or Injury	c										
was the bu		that initiated events resulting in death) Last		Due to (or as a con	sequence of):							
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etached for u	١,	Out II Other electional annillion	a madallar atta ar dar sa	and had not a	and the state of the state of	a cardinal de a		and the Manual S		one pi	I tobacca was a		o the cause of death?
tached thysic		Part II. Other significant conditions	contributing to a	eath but not rea	sutting in th	e underlying ci	ause gr	ven in Part I		THE STATE	Yes 22 No	9 3 2 4 7 7	o the cause of death? bebly 4 ☐ Unknow
be detact										***	748 240740	alleno	catify 4Cloudium
should b										24a, Wa	s an autopsy ormed?	24b, W	ers autopey findings valiable prior to
page 2 should									-	pen	German :	00	impletion of cause death?
Page 2										10	Yes 2 TNo	11	□Yes 2□ No
rector, page		25. Was case referred to medical						26. Place	of Death	h (Check only	100 TO 10		F-1555 - 25-0000
To E)	examiner?	Hospital: 1 🗆	Inpatient 20	ER/Outpe	tient 30 DO	A OI	hae	rsing Ho	1	idence 6 🗆 Ot	her (Speci	(v)
		27. Mannge of Death 1 ☑Natural 5 ☐ Pending	28a, Date (Mon	of Injury th, Day Year)	28b. Tim Inju	e of 2	Bc. Inju Wo	ry at		28d. Describe	how injury occu	bern	
ed in by the funers Certification:		2 ☐ Accident investigation	on _		- Indo	- M		Yes 2	No		_	\rightarrow	
tiffic		3 ☐ Suicide 6 ☐ Could not determined	d 28e Place	of Injury - At h	ome, farm,	street, factory	, office				(Street and Num	iber or Run	al Route Number,
Cer			20000		100					067467772	residents.		
completely filled in by the Medical Certifical		29a. Certifier 1 Certifying P (Check only 2 Medical Exa	miner: On the b	asis of examina	owledge, de	eath occurred investigation.	at the ti	me, date an	d place, i	and due to the	cause(s) and m	anner as s	tated. o the cause(s)
Med		oney	and man	ner stated.				diministration.		9.92.22	-m.o2.1646)		and the same of th
0		29b. Signature and title of certifier	1 10			W 290	. Licen	se number	70	_	29d. Date sign		
\sim		I for	, 0.			-		1)20	79)	٥.	30	-96
0	17	30. Name and address of person who		se of death (Ite	m 23a) (Ty		560	Kenil	wort	h Dr	Suite		1204 Towson, I

State Registrar

and the same of the same of

96-2836-510 UNK.#96-104 CMK

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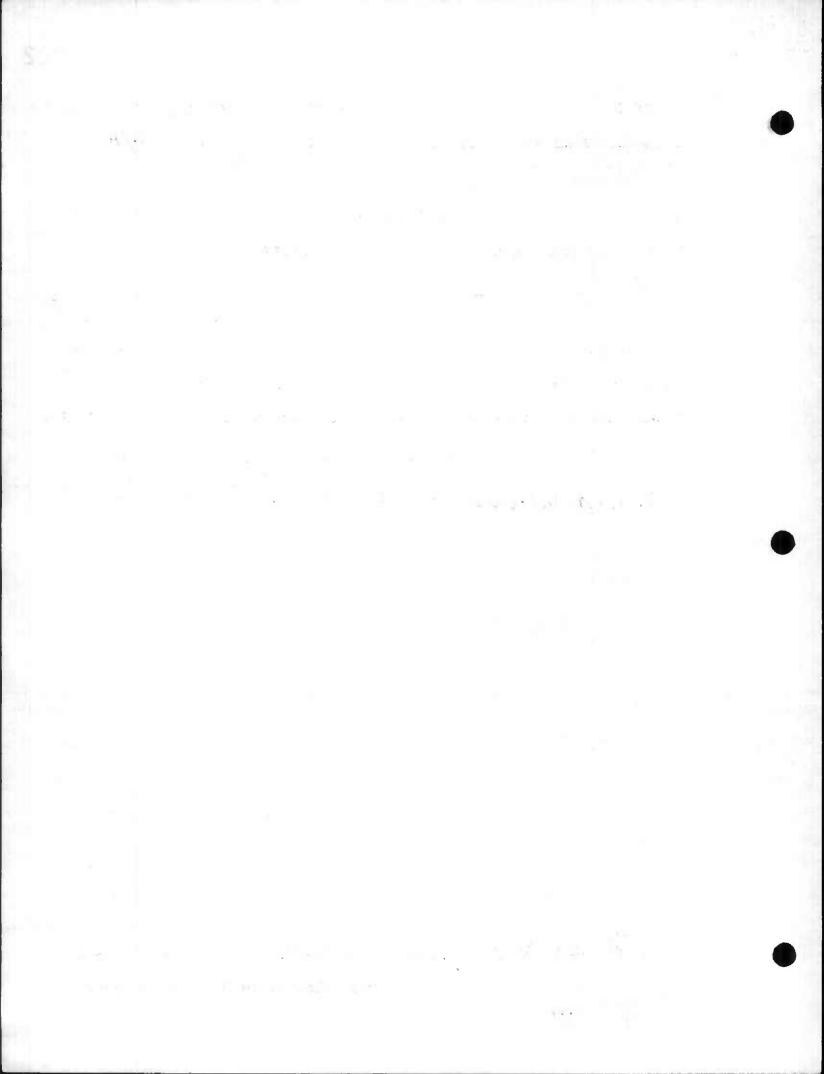
State of Maryland / Department of Health and Mental Hygiene

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ysician Iedical	-	MICHAE	L					I	EW	IS		Month MA Y	23.	, 199	Yaar 6	23	03PM
aminer		ta. Facility Name (#	not institution,	giva street ar	n <i>d number</i>)					4b. City, T	Town, or Lo	cation of Dear			of Death		
		UNIVERS	TTY HO	SPITA	AL S.	T.U.				BALT	TMOR	E CIT	Y	N	14		
al	5	5. Sociel Sacurity N	umber	6. Sax	7. Ag		st birthday)	If Undar Months			ar 24 Hrs.			1	9. Birthple Country	ce (Stel	e or Forei
or	1	220-84-7	589	1 M 2	³ F 27	7	Yrs.	MONUNS	Deys	noura	Min.	8. Dete of Bi (Month, Do 12-19	-68		Country	NY	
	_	Usuel Residence of															
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9		10e. Street and Nur						10f. Zip	Code				10g. Citi	izen of W	Vhat Countr	y?	
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by		3 Widowed	4 Divorced	Yee	as, Give			1 🗆 Yas 2	Ş ₹1 No	Specify	y:			Specify.	,	BI	ack
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ToB		Gregory	Curt	is				٠		Bel	linda	Lewi	S				
-		19e. informent's Ne	me/Reletionsh	lp (Type, Prin	nt)		19b. Melli	ing Address	(Street	and Numi	ber or Rure	el Route Numb	ber, City o	or Town,	Stete, Zip C	Code)	
		Jackie I				wis	120	6 No:	rth	Pot	comac	Stre			Lt. M		121
	2	20a. Method of Disp	osition			20b. Ple	oce of Dispo	osition (Nen	ne of			Deta	20c. Lo	ocation -	City or Tow	m, Steta	
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9				ICensee			2	2. Nama an	d Addra	ass of Faci	ility 623	34 3rd	St	1	J.W.	TAT	
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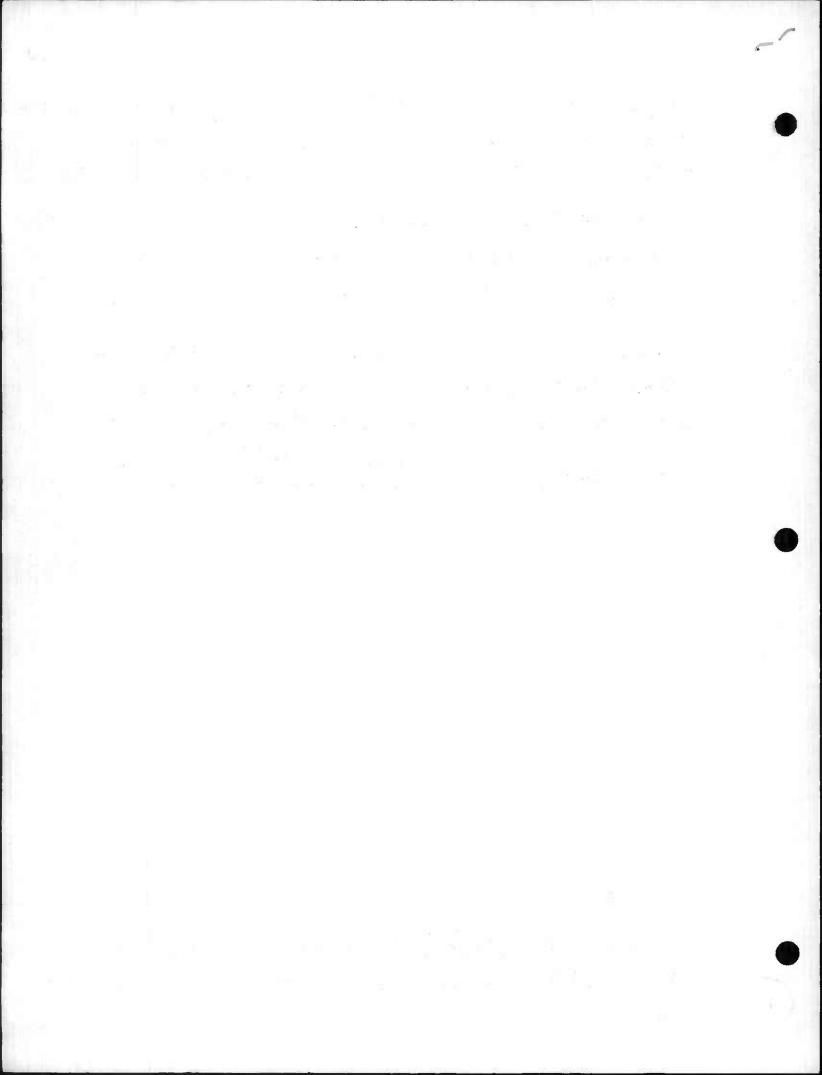
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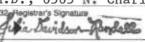
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ı	Funeral Director	Н	5. Sociel Security Number 6. Si	ex 7. Age (In yrs.	. lest birthd Yrs	Months Days				9. Birthplec Country	e (State or Foreign
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	Seath The 23	Funeral Director	11. Maritel Stetus		J.S. 1	3. Wes Decedent of		Specify Yes or No	o- 14. Re	ce - American	Indien.
5-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiena. If Health and Mental Hygiena. Item 27 is marked other than "netural", or items 23s or 28s-f show other traumatic event, the Medical Evertices must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever In L Armed Forces? 1 ☐ Yes 2★ No If Yes, Give Yeer or Detes;		3. Wes Decedent of I If Yes, specify Cub 1 ☐ Yes 2 No		to Rican, etc.)	Bie Specil	ck, White, etc.	
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	To the Hospital or Attending Ph within 24 hours after death. To the Euneral Director: After th complately filled in by the funeral	edical	29e. Certifier (Check only one) Certifying Phy	reician: To the best of my kno iner: On the basis of examina end menner steted.	owledge, de ation end/or	eth occurred et the til Investigation, in my d	me, dete end plece opinion, deeth occu	e, end due to the irred et the time,	ceuse(s) end modete end piece,	enner es state and due to the	id. e cause(s)
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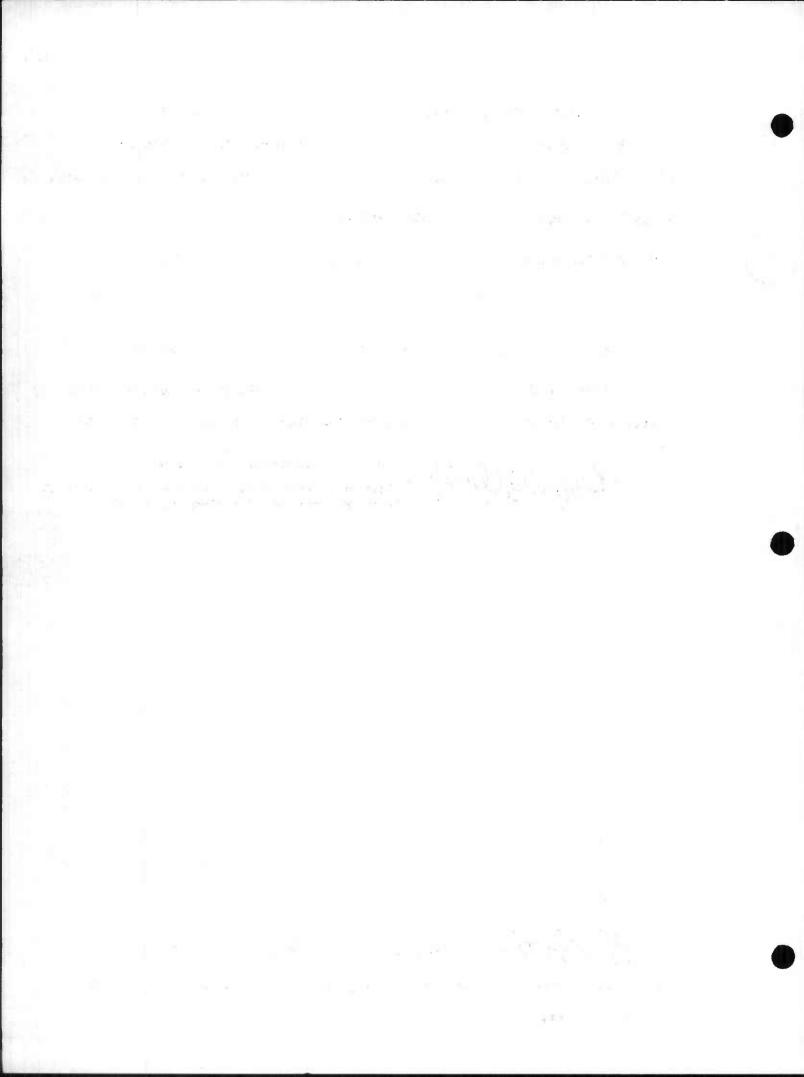


State of Maryland / Department of Health and Mental Hygiene

Film G735 item 18 per FH 5-30-96 rja Certificate of Death 1. Decedent'e Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Year May 26, 1996 8:30 AM Louise Minnie Martin /Medical 4e. Fecility Neme (If not institution, give street end number) 4b City Town or Location of Deeth 4c. County of Deeth Examiner | Cockeysville | I | Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | (Month, Day, Year) 9 G Beehive Place BALTIMORE Birthplece (State or Foreign Country) 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** 10 M 20 F Yrs. Director 219-03-2161 81 Oct. 1,1914 Balto.City, MD Usual Residence of Deceden 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director MARYLAND BALTIMORE COCKEYSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9 G Beehive Place 21030 Funeral USA 12. Wes Decedent Ever In U,S Armed Forces? 14. Race - American Indien, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☑ Merried 1□Yes 2□No Specify: Specify: WHITE by 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Piece Worker Clothing permit. Pages 1 and 2 should be file.
Department of Health and Mental Hygi
Importunit; if tem 27 is marked other any injury or other tream-17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Ricklin 0 Louis Reed Christin (unknown by informant) 19e. Informent's Neme/Reietionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) William C. Martin 9 G Beehive Place, Cockeysville, MD 21030 20b. Piece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetlon 5 ☐ ther (Specify) Dulaney Valley Mem. Gardens Timonium, MD 22. Neme end Address of Fecility Lemmon Funeral Home of Dulaney Valley, Inc., W. Bryan Clary 10 W. Padonia Rd. Timonium, MD 21093 omplications that caused the deet. Do not enter the mode of dying, such as cardiac or respiratory errest, **Physician** /Medical Immediete Cause (Final diseese or condition resulting in deeth) Examiner physician and the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest Physician/Medicai Due to (or es e consequenca of): detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. Records, P.O. 23b. Did tobacco usa contribute to the causa of death? signed by t 3 Probably 4 □ Unknown 1 ☐ Yes 2 ☐ No à been si 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 1 Yes 1 ☐ Yes 2 ☐ No certificate Division of Vital 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No this funeral 28c. Injury et Work? 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28b. Time of After 5 Pending Investigation 1 Netural deeth. 1 Yes 2 No 2 Accident Hospital or Attending 24 hours efter deeth
 Funeral Director: A 3 ☐ Suicide 6 Could not be 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 15 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) end menner es stated.
2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) end menner stated. edicai 29e. Certifie To the Hosp within 24 hou To the Funer completely fil 29b. Signature and title of certifier 29d. Dete signed (Month, Dev. Year) eeth (ttem 23e) (Troe, Print) 30. Name end eddress of person who completed cause of q W. Anthony Riley, M.D.; 6565 N. Charles St., (E. Pav. - Suite 203) 21204

State Registrar 31. Dete filed (Month, Dey, Year) MAY 30 19





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	MOSPITAL OR ATTENDING PHYCICIAN: The law manifes that the death partificate he executed within 24 hours

Dupley
31. DATE FILED (Month), Day, Year)
MAY 3 0 1996

ROSS E. McCauley 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 90. FACILITY NAME (II not institution, give street and number) 90. FACILITY NAME (II not institution, give street and number) 91. FACILITY NAME (II not institution, give street and number) 92. FACILITY NAME (II not institution, give street and number) 93. FACILITY NAME (II not institution, give street and number) 94. FACILITY NAME (II not institution, give street and number) 95. CITY, TOWN OR LOCATION OF DEATH CECIL	TIME OF DEATH
1. DECEDENT'S NAME (First, Middle, Last) ROSS	TIME OF DEATH
ROSS — McCauley May 15 1996 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	
187_32-6944 1 MM 2 F 90 YRS. MONTHS DAYS HOURS MIN. (Moprill) Po. Poet) 90. FACILITY NAME (If not institution, give street and number).	8:00AM *
9a. FACILITY NAME (If not institution, give street and number). 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH	ACE (State or Foreign
O At 1 The South of Seat	ENNA.
LU 10g_STATE 10b, COUNTY 16c CITY TOWN OR LOCATION	H
	d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 1211 STATE HILL ROAD 101. ZIP CODE 100. CITIZEN OF WHA 17566 USA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 1 Never Married 1 Divorced 1 News DECEDENT EVER IN U.S. ARMED 1 YES 2 NO	American Indian, Thite, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY	16
FARMER FARMING	
HArles M= LAUley MARGARET HAWK	
P 19a. INFORMANT'S NAME (Type/Print) R. DELMAR Mc CAULEY 1213 SLATEHILL Rd. GUARRY UILE PA	4.17566
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cremation of the place)	State PA
21. SIGNATURE OF FUNERAL SERVICE MCENTER 22. NAME AND ADDRESS OF FACILITY	17546
but you the Key vold surrough Home - (WAr	ryulle /A.
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fallure. List only one cause on each line.	Approximete Interval Between
IMMEDIATE CAUSE (Final disease or condition	Onset and Deat
resulting in death) a. UH F OUE TO (OR AS A CONSEQUENCE OF):	ZWKS
	2425
Sequentially list conditions, If any, laading to immediata DUE TO (OR AS A CONSEQUENCE OF):	C (12)
CAUSE (Disease or Injury C. Hyperiensive Coronary Artery Dis,	10425
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. CARSICM 40 PATHY THREY IN INTERVAL TO BE TO (OR AS A CONSEQUENCE OF): C. DIE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):	
	RE AUTOPSY FINDINGS
PERFORMED? AM	AILABLE PRIOR TO MPLETION OF CAUSE
□ 1 YES 2 NO OF	DEATH?
	YES 2 NO
2	
2	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S. S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 1 PAGE OF DEATH (Check only one) HOSPITAL: 1 PAGE OF DEATH (Check only one) THERE	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO THER: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending 28. DATE OF INJURY (Month, Day, Vear) 28. TIME OF INJURY AT WORK?	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO TO TOPACH TO TOP	number,
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 1 POSPITAL: 1 Inputlant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Pending Inv	
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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Impatiant 2 ER/Outpetlent 3 DOA 4 Murraing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY 26b. TIME OF INJURY AT WORK? 1 Netural 5 Pending Investigation 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 2 Accident 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 2 Accident 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 2 Accident 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 2 Accident 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 2 Accident 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 2 Accident 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 2 Accident 26c. DATE OF INJURY 26c. INJURY A	d menner as stated.

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Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

State of Maryland / Department of Health and Mental Hygiene

							Cer	titicat	e or	Death			Reg. No.		
Physicia		1. Decedent's Nem		AYMOND	Р.	MAZ	ZZA					2. Dete of D Month MAY	Dey 25,	Year 1996	3. Time of Death 8:00AM
/Medica Examine		4a. Facility Nama (I	f not institution	, giva street and n	umber)					4b. City, To	wn, or Lo	cation of Dea		ty of Death	1
- Addining	•	GREATER	BALTI	MORE ME	EDIC.	AL CE	ENTE	R		TO	WSOI	V	В	ALTIM	ORE
Funeral		5. Social Sacurity N	umber	6. Sax	7. Aga	(in yrs. iast	birthday)	If Undar				8. Dete of Bi (Month, D	rth Vand	9. Birthp	eleca (Steta or Foraige etry)
Director		162-22-5649	5	1√2 M 2□ F	67		Yrs.	Months	Days	Hours	Min.	DECEMBER	3 4, 1928	HARRIS	BURG, PA.
9		Usual Residence of													
show	_	10a. Stata	10b. County			10c. City, To								1	Od. Insida City Limits
ith the Man or 28a-f sh	octo	MARYLAND	BALTIMOF	RE .		BALTIMO	IRE CO	1							1 ☐ Yes 2 ☐ YN
or 2	Director	10e. Street and Nur	mber					10f. Zip					10g. Citizan o	What Coun	ntry?
death with the Marylend rms 23a or 28a-f show r mast be notif ed all	E .	6528 LANGDA	ALE ROAD	T				2123					U.S.A.		
ter des	Funeral	11. Marital Status		12. Was Dec Armed F	orces?		13. V	Vas Daced Yes, spec	lant of I	Hispanic Or en, Mexicai	igin? (Spe n, Puarto	ecity Yas or N Rican, atc.)	0- 14. R	aca - Americ eck, White,	
0 0	by F	1 Never Marri	, ,	led 1 XXVas If Yes, G	2 No		1	☐ Yes 2	2 XNo	Specify:			Spec	ify: 1.1.17	-TT-
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"natur	Be Completed	(Spec	15. Decedent ify only highes	s Education of grade completed)	16	(Giva	ent's Usue kind of wor	k done	pation du <i>ring mos</i> ed)	st of worki	ng	16b. Kind of		
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pemilt. Pages 1 and 2 should be filed Depertment of Health and Mentel Hyg Important: if Item Z7 is marked other any injury or other traumatic event, once.	B	GIOCOMINA I								2.00		RIE CERZI			
merit	2	19e. Informent's Ne				11	9h Mallin	n Address	(Street				per, City or Tow	n State Zin	Code
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Heal Heal other	ł	20e. Method of Disp		L)		20b. Placa	of Dispos	sition (Nen	ne of		LITI O	Data .	20c. Location		wn. Stata
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Examiner	1	Immediete Ceuse (disaasa or condition resulting in daeth)	n	9 2	421	2									
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	n n	25. Wes case referr examiner?		Hospital:					0		e of Deeth	(Check only	one)		
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frar of the collection by		4 Homicide	determi	ned 286. Piec	a of Injury ding, etc. (y - At home, (Specify)	farm, stre	et, fectory	, office		1		(Street end Nur wn, State)	nber or Hura	I Routa Number,
To the Hospital or Attenwithin 24 hours effer deal To the Funeral Director: completely filled in by the		00 0 11	1												
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Registra	r	MAY 3 0	1996	0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	1							

State of Maryland / Department of Health and Mental Hygiene Q C

Physic		1. Decedent's Name (First, Middle, Las	0				Death	2. Dete of De	Reg. No.		3. Time of Deeth		
40.0 41			•	Mar	eak!			Month		996	659 A		
/Medi Exami		4a. Facility Name (If not institution, give					4b. City, Town, or I		-				
ZAGIIII		Mercy Medical Cer	nter				Baltimon	re		NA			
Funeral		Social Security Number 6. Se	7. Age		Manth	er 1 Year Devs	Baltimon If Under 24 Hrs. Hours Min.	8. Date of Bir	Jan.24 y, Year)	9. Birthple	ce (Stete or Fore		
Director		211 05 0011	AW SOL	80) Yrs.			Jan. 1	-1916	000117	Marylan		
ž		Usual Residence of Decedent 10e. State 10b. County		10c. City,	Town or Location				10d. Inside City Lir				
ene. than "neturel", or items 23a or 28a-f show ha Medical Examiner must be nutified at	ō	Maryland Baltim	ore	Ro	osedale					1.0	1□Yes 2€1		
28e	Director	10e. Street end Number			10f, Z	ip Code			10g. Citizen of \	What Countr	v?		
38 0		Chesaco Ave. 1315	Apt. 124		21	237-	1548		U.S				
ital hygiene. d other than "natural", or items 23s or 28s-f show event, the Medical Examines must be nutified at	Funeral	11. Marital Status	12. Was Decedent Ex Armed Forces?	ver in U,S			lispanic Origin? (S an, Mexican, Puert	pecify Yes or No		e - America			
or Ite		1 ☐ Never Merried 🏖 Married	1 Yes 2 □ No	3/29	0/45 1□ Yes		sn, mexican, Puen Specify:	o Hican, etc.)		ck, White, et	c.		
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netr	Completed	15. Decedent's Edu (Specify only highest great	ication le completed)		16e. Decedent's Us (Give kind of w	uei Occup ork done	ation during most of wor	king	16b. Kind of B	usiness/Indu	istry		
than than	dmo	Elementery/Secondery (0-12)	College (1-4or 5+ NA		life. DO NOT		3)		Dales				
other t	ပိ	17. Fether's Neme (First, Middle, Last)	INA		Proprieto	T.	18. Mother's Nan	ne (First, Middle,	Bake: Maiden Surnan	-			
	To Be	Alexander	Mai	recki	1		Ida		Pakul	eki			
N pur	-	19e. Informent's Neme/Reletionship (T)			19b. Mailing Addres	ss (Street		iral Route Numb			Code)		
f Hasith and Mer Item 27 is marks other traumatic		Marie Marecki / W	7ife		Chesaco A	ve.	1315 Apt.	. 124					
of Haaith I item 27 r other t		20a. Method of Disposition	Compared from State	20b. Pia	nce of Disposition (Nametery, cremetory or	eme of		Dete	20c. Location -	City or Tow	m, State		
Department of P important: If its any injury or of once.		Burial 2 Cremetion 3 4 Donetion 5 Other (Specify)			dens of Fa		May	31	Baltimo	re, Ma	aryland		
Department of important: If any injury or once.		21. Signeture of Funeral Service Licens	00		22. Neme 8	and Addre	ss of Facility ki/Chojna				*		
0 = 5 8							lk Ave. E			4			
		23a. Part1. Enter the disease, or comp shock, or heert feilure. List only o	ications that caused to	he death.	Do not enter the mo	de of dyir	ng, auch as cardiad	or respiratory a	rrest,		Approximate ntervel Between		
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ysiclan na buria		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c		as a consequence of):	(a)	Enferc	Ton				
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hysicia		Decedant's Nama (First, Middla, Las CHARLES LEE M	cCORMACK				2. Data of Deal Month	Day	Yaar	3. Tima of Death
/Medic Examin	_	4a. Fecility Name (If not institution, give			4	b. City, Town, or Loc		26 19 4c. County	96 of Deeth	8:00 A.M.
uneral i		1614 CHESAPEAKE D 5. Social Security Number 6. Se 452-36-1206		last birthday) Yrs.	if Under 1 Year Months Days	EDGEWATER If Undar 24 Hrs. Hours Min.	8. Deta of Birth (Month, Day,	Year)		eca (Stata or Foraign
5		Usuai Rasidanca of Decedant					IARCH 2	9 1928		ANSAS
led at	70	10a. Stata 10b. County MARYLAND ANNE AR		ity, Town or Lo FDGI	EWATER				10	d. Insida City Limits 1 Yes 2 No
notite	Director	10e. Street end Numbar	ONDEL	LDGI	10f. Zip Code		1	0g. Citizan of V	Vhet Count	ry?
nat b	raid	1614 CHESAPEAKE D	RIVE		210	37		U	SA	
xaminer m	by Funeral	11. Meritel Status 1 □ Navar Marriad 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Dacedant Ever in U Armed Forcas? 1 1 Yas 2 □ No If Yes, Give Yeer or Detes:		Was Dacedant of H f Yas, specify Cuba I □ Yas 2) No	ispenic Origin? (Spec in, Maxican, Puerto R Specify:	ify Yes or No- ican, atc.)		a - Amarica k, Whita, a	tc.
and a	pete	15. Decedant's Edi (Specify only highast grad	ucation le completed)	18a. Deced	lant's Usual Occup	ation during most of working	2	16b. Kind of Bu	sinass/Indu	ustry
100	Completed	Elementary/Secondary (0-12)	Collega (1-4or 5+)			during most of working		COMMEDO	TAL C	ONSTRUCTION
T T T	Be Co	17. Fathar's Name (First, Middle, Last)		L	_ECTRICIA	18. Mother's Nema (ONSTRUCTION
900	ToB	CHARLIE F. McCORM	ACK			ELLORA 3	JANE BR	OWN		
ranu		19a. Informant's Name/Ralationship (T) ROSE MCCORMACK	ypa, Print) - SPOUSE			an <i>d Number or Rural</i> EAKE DRIVE				20da) 1037
other	ł	20a. Mathod of Disposition	20b. I	Place of Dispo	sition (Nama of			20c. Location -		
ury or		1 ☐ Burlai 2 ☐ Cramation 3 ☐ I 4 ☐ Donation 5 ☐ Othar (Specify,	tamoval from Stete		veter plea VETERANS		31-96	CROWNS	/ILLE,	MD
any injury		21. Signature of Europeal Service Lagor	ee 1.		. Name end Addra	ss of Facility FUNERAL	JOME D	۸		
eα		HILARY P. STA	LLINGS, JR.		3111 MOUN	TAIN ROAD.	PASAD	ENA. MD		
cian		23a. Part1. Enter the diseasa, or comp shock, or haart failure. List only of	na cause the dae	tn. Do not ent	ar tha moda of dyin	g, such es cardiac or	raspiratory err	ast,		Approximete Intarval Between Onset end Death
icai		Immediata Causa (Final disaasa or condition	Lung Ca	ncer					1	15 months
ner	Ļ	rasulting in death)	a	or as e conseq	uence of):					1 01110 410
EUSEE	Examiner		b		311 a - 1 a					
	Exa	Sequantially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants	Dua to (d	or as a conseq	uance of):				1	
	8	Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last	Dua to (c	or es e conseq	uenca of):					
be deteched for use es	Physician/M						1		1	are their recess
(6C) (5C)	hys	Part ii. Other significant conditions co	ntributing to death but not res	suiting in tha ur	ndariying cause giv	en in Pert I.	23b. Did to			the cause of death?
	é									
	Completed		*1.*				24a. Was a perform		evel	re autopsy findings lable prior to opletion of cause eeth?
		25. Was case refarred to medical				26 Place of Dooth	1 Ya	-	10	Yes 2□No
	To Be	examinar?	Hospital: 1 Inpatiant 2	ER/Outpetien	t 3 DOA Oth	26. Placa of Death ar: 4 Nursing Hom			ar (Specify)	
Tunera		27. Mannar of Deeth 1 Sunatural 5 Pending 2 Accidant invastigation 3 Suicide 6 Could not be	28a. Date of injury (Month, Day Year)	28b. Tima of Injury		y et k? Yas 2 □ No	d. Dascribe ho	ow injury occur	ed	
od in by	Sertifi	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28a. Place of Injury - At h building, atc. (Specil	oma, farm, stra fy)	aet, factory, offica	28	3f. Location (St City or Town	reet and Numb n, Stata)	er or Rural	Routa Number,
pietely fill	edicai	29a. Cartifier (Check only one) Certifying Phy	necian: To the best of my knowner: On the basis of axamina and manner stated.	owledga, daath ation and/or inv	occurred at tha tin restigation, in my of	na, data end placa, an pinion, daath occurred	d dua to tha ce at tha tima, de	ausa(s) and ma ata and place,	nnar as sta and due to t	ted. tha cause(s)
completely filled in by the	Ž	29b. Signature and titla of certifiar	00	,	29c. License	e number	2	9d. Data signed		
		Nazn	J. May	be-	D33	22.63	3	may 21	1 19	96
		30. Name and addrass of person who o	omplated causa of death (Iter	n 23a) (Type. I	Print)		Α .			
		Wayne P.	Sleebair	10	Jeuro Pi	nsuillo Rd) We	viso to	er W	()

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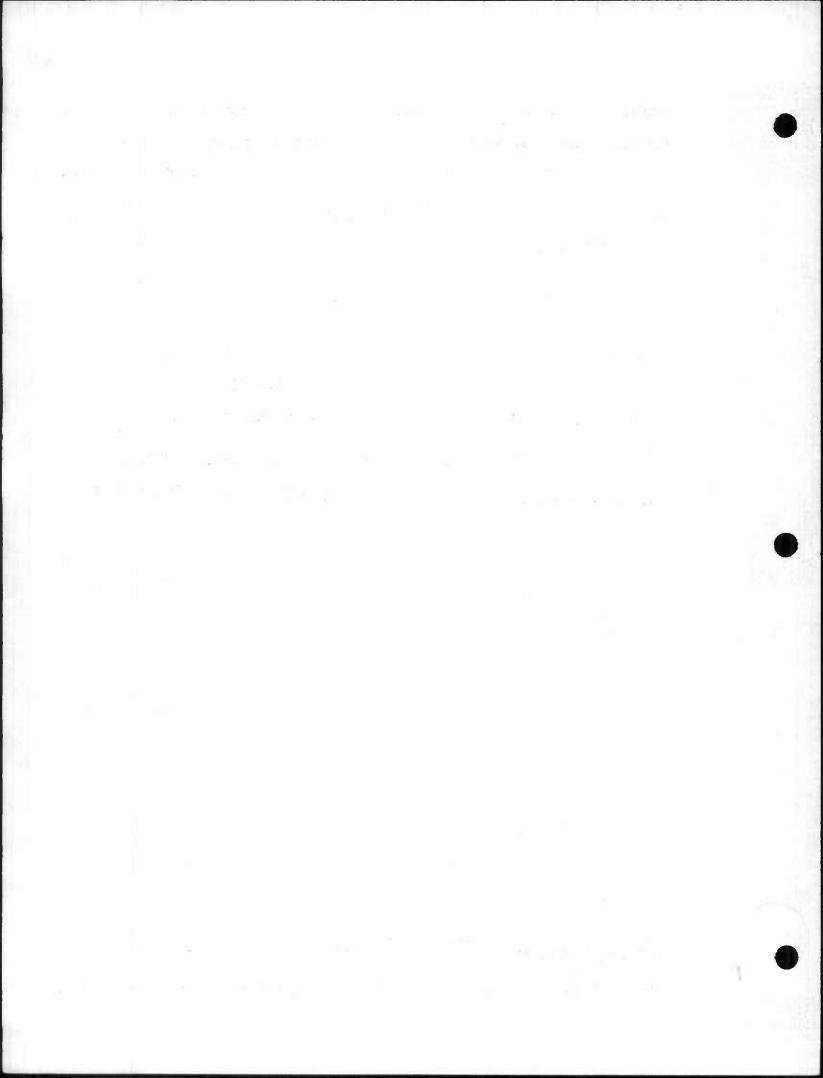
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Cei	tificate o	f Death		Reg. No.			
		7	1. Decedent's Neme (First, Mic	ldle, Last)					2. Data of De	ath		3. Tima of Deeth	
	Physici /Medi		ALBERT	VINCENT	MU	RRAY			Month MAY	25, 1	996	8:30	aı
	Examir		4e. Fecility Nama (If not institut	ion, giva street end number	")			4b. City, Town, or	Location of Deeti		of Death		
			GREATER BA	ALTIMORE ME	DICA	L CEN	TER	TOWSO	N	BAI	TIMO	RE	
Н	Funeral	10	5. Sociel Security Number		ga (In yrs.	last birthdey)	If Undar 1 Yas			th		laca (State or Fore	ign
	Director		232-05-1149 Usuel Rasidence of Decedent	1ÅM 2□F	76	Yrs.	Months Dey	s Hours Min	Dec. 1,	1919	Coun	W. Va.	
	Manyland Febow	J.	10a. State 10b. Cour	•		y, Town or Lo	cation				1	0d. Inside City Limi	
	the N	Director	Md. Balt	imore	T	'owson	10f. Zip Code			40- Ohl	***		
	th with		127 Swarthmore	Dr.			2120			10g. Citizan of U.S.		try r	
020	be filed within 72 hours after death with the Maryland ital Hygiene. Id other than "naturel", or Nerma 23a or 28e-f show event, the Medical Examiner must be notified at	by Funeral	11. Maritei Status 1 Never Merried 2534. 3 Widowed 4 Divorce	If Yes Give	? No		Vas Decedant of Yes, specify Cu □ Yes 2☑ N	f Hispenic Origin? (Suben, Mexican, Puel o Specify:	Specify Yas or No rto Rican, etc.)	- 14. Rad Bia Specif	ck, White,	etc.	
Maryland 21215-0020	al Hygiene. I other than "natur vent, the Medical	Completed	15. Deced (Specify only high Elementery/Secondery (0-12	ent's Education lest grada complated) College (1-4or	5+)	16e. Deced (Give life. L		upetion e during most of wo red)		16b. Kind of B	usinass/Inc	dustry	
P	Hygie Hygie		17. Fether's Neme (First, Middl	e, Last)		bares	Illan	18. Mother's Ne	ma (First, Middla,			.iig	
/lan	2 should be and Mental Is marked or reumatic eve	To Be	Jerome	Vincent	Mur	ray		Cytha			235	eith	
an	ohs:	_	19e. informent's Name/Reletio	nship (Type, Print)		19b. Meilin	g Address (Stre	et end Number or R	lural Route Numb	er, City or Town	State, Zip	Code)	
	alth 127		Mrs. Helen D.	Murray		127 S	warthmo	re Dr. To	wson, Md	. 21204			
Baltimore,	permit. Pages 1 and 2 should by Department of Health and Menta Important: If Itam 27 Is marked eny Injury or other traumatic ev			3 □Ramovei from State	1	_	sition (Name of natory or other p		Dete	20c. Location			
	oit. Partme		4 Donetion 5 Other 21. Signature of Europa Sarvio		Dul	-	. Neme and Add	em. Gdns.	5/28/96	Timoni	.um, M	ia.	
Ba	Depa Impo		1	DRCG	_	F	tuck Tow	son Funer					
			234 Partt Enter the disaase,	or complicetions that cause st only one ceuse on each	d tha daath line.							Approximate Intervel Between	-1
	Physician /Medical Examiner		Immediate Ceuse (Finel disaese or condition resulting in deeth)	Aspi	rach	9~	Pren	moni	Tis			Onset end Death 4 day	s
	1000	Jer		- Gene	Due to (o	r as a conseq	uence of):	a have			i 	400	
	ertificate be executed ing physician and e es the burlal-transit	Examiner	Sequentially list conditions	b. Come		r es a conseq	uence of):	2001-				Tonys	
ó	an ar		Sequentially list conditions, if any, laeding to immediate cause. Enter Undarlying Ceuse (Disease or Injury thet initieted events	Glio			M	14600	~			3 man-	14
68760,	nysici he bu	edical	thet initieted events resulting in death) Lest	6. 0110	-	as a conseq	uence of):					3	
39	rtifica ng ph	Med	resulting in death, Lest	L.							i		
Box	2 5 8			d							1		
E	deal he att	SICI	Pert II. Other significant condi	tiona contributing to deeth	but not resu	ulting in the ur	iderlying cause	jiven in Pert I.	23b. Dld	tobacco uae co	ptribute to	the cause of deat	h?
P.O.	The law requires that the death ate has been signed by the atter page 2 should be deteched for t	Physician/	Hu perter	15. m					10	Yes 219-No	3 Prot	bably 4 Unkno	wn
Records,	luires tha n signed uid be de	ed by	D : C						24e. Wes	an autopsy	24b. We	ere eutopsy finding:	5
000	aw requires s been si 2 should	Completed	LLIOL CO	olon car	100	5704			репо	rmed?	COI	elleble prior to inpletion of cause deeth?	
æ	The lay te hes page 2	шо							10	Yes 2 No	10	Yes 2 No	
Vital		BeC	25. Wes case referred to medic	al	,			28. Piace of De	eath (Check only o				
>	ysici is cer direc	0	axeminer?	Hospitel: 1 Inpat	ient 2 🗆	ER/Outpatien	t 3□ DOA	ther:	Home 5 ☐ Resid		er /Specifi	()	
o uo	문 문 등	tlon: T	27. Menner of Death 1 ☑ Neturei 5 ☐ Pendinyee	28a. Dete of Inj	ury	28b. Tima of Injury	28c. In W			how injury occur			
Division of	or Attending Phatter death. Director: After the fine by the funeral	Certification:	3 Suicida 8 □ Coul	d not be 28e. Plece of Ir	ijury - At ho tc. (Spacify		eet, fectory, offic		28f. Location (3 City or Tox		ber or Rure	I Route Number,	
	hours a hours a heral [29e. Certifier 112 Certify	ing Phyaician: To the best	of my know	wledge, death	occurred et the	time, dete end piec	e, end due to the	ceuse(s) end m	enner es st	eted.	
	he Fu	edical	(Check only 2 Medica	Examiner: On the basis of and menner s	n examinet teted.	ion end/or inv	estigation, in my	opinion, death occ	urred et the time,	dete end piece,	end due to	tne ceuse(s)	
	Tot	Σ	29b. Signeture and title of certif	m ~ /	,	1 . 4		nse number		29d. Date signe			
	10		Millin !	& run	nu		17. 0	14717	1	5-	72-	96	
	IVA		30. Neme and eddress of perso	A .		23a) (Type, I	Print)	univ	7	P I	1-		
			William D	· Milon	nell	S	00 00	unin	ers 1 mg	2017	n	or	

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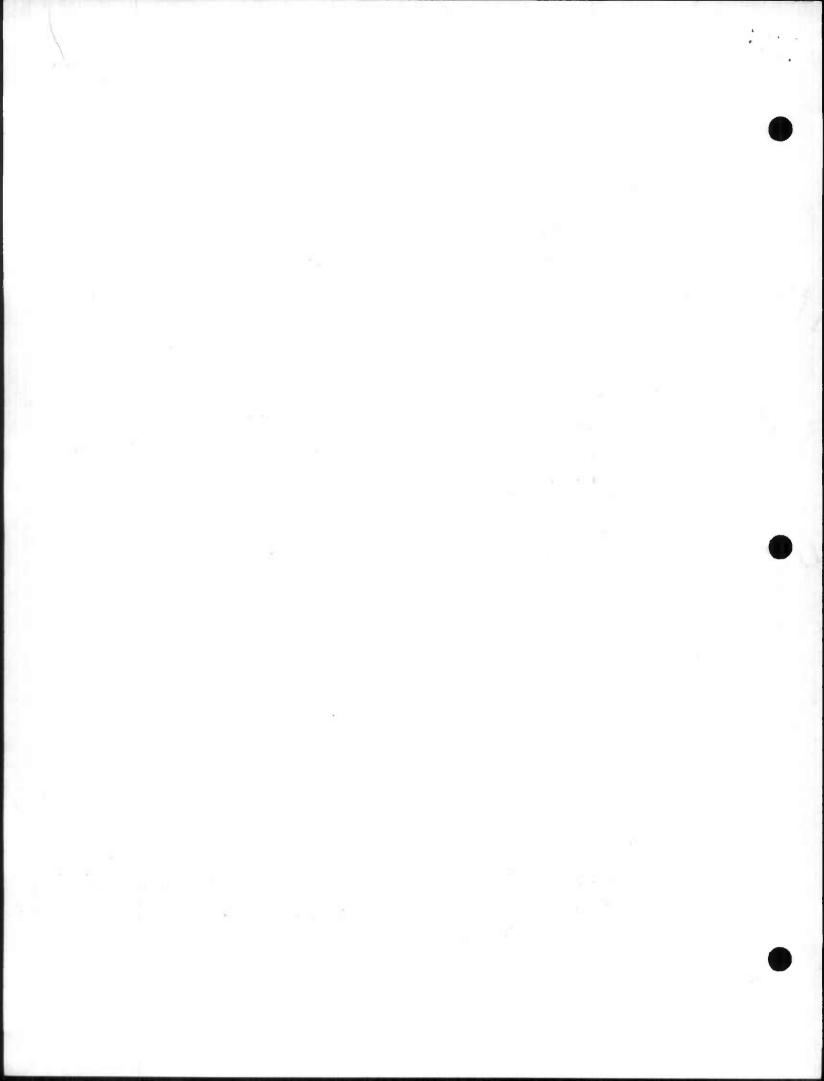
					Ce	rtificat	e of	Death			Reg. No.		. 0 3 0 0
Charata !		1. Decedant's Nama (First, Middia,	Last)						1	2. Dete of De Month		Year	3. Time of Deeth
Physici /Medic		MITCHELL	LOUIS	M	CGRAW]	MAY 24		rear	06:45 a
Examir		4a. Facility Neme (If not institution,	giva street end numb	er)				4b. City, To	wn, or Loc	ation of Dear	100 00000		
		THE JOHNS HOPK								CITY		n/a	
Funeral Director		215-84-7464	Sax 7. XXM 2□ F	Age (in yrs. las	Yrs.	If Undar Months	1 Year Days		Min.	8. Dete of Bi	, 1961	9. Birth	PMORE, MD
the Maryland r 28a-f show	or	Usual Residanca of Decedent 10a. Stata DM MD 10b. County n/a		10c. City,	Town or Lo	ocation ALTIM	IORE						10d. tnside City Limits
vith the A	Funeral Director	10e. Street and Number 1903 BARCLAY	STREET			10f. Zip	Code	21218	3		10g. Citizen of		ntry?
234	eral		40 Mar Doord	F 1- 11 C	40.1	M			1.0 (0		UNITED		TES
within 72 hours efter deeth with the Meryland ene. Than "netural", or itema 23a or 28a-f show he Medical Examiner must be nomited at	by	11. Maritel Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Deceda Armed Force 1 Yas 2 If Yes, Give Year or Date	es? MNo		if Yes, spec			gin / (Spec n, Puarto R	eify Yas or Nican, atc.)		ck, Whita, by: BLA	
within 72 hours ene. than "natural", re Medical Ex	Be Completed	15. Decedent's (Specify only highest (Elementery/Secondery (0-12)	Education grada complated) Collega (1-4	or 5+)			el Occu rk done sa retire	petion during mos ed)	t of working	0	16b. Kind of B		
at the	3e Cor	8 th 17. Fether's Name (First, Middle, La	•	LABORER 18. Mothar's Nama (First, Middla, M									
d 2 should be it and Mental I	To		CARTER								MC GRAW		
		19a. tnformant's Name/Relationship ERNESTINE	MC GRAW					AY S	TREET	, BALT	in IMORE,	MD State, 24	Code)
Semili. Peges 1 and Peges 1 and Peges 1 and Moortant: If item 2 and Injury or other alice.		20e. Mathod of Disposition XX Gurial 2 Cramation 3 4 Donation 5 Other (Spa		cen	ce of Disponetery, crer HELL	matory or o	ther pla		RDENS	5-31	20c. Location DUNDAL	100	
pemit. Pego Department Important: if any injury or		21. Signature of Funaral Sarvice Lice	gammon		22			ARCH		101 E	. NORTH	AVE	ENUE
Physician /Medical Examiner		23a. Part1. Enter the diseesa, or shock, or heart failure. List of the limit of the list o	a. Progre										Approximata Interval Between Onset end Deeth 3 months
deeth certificate be assouted e ettending physician and of for use as the buriel-transit	cal Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events	b. Acquir	Due to (or a	s e consec	quence of):	ieno	y Syr	adrom	ne			Lyears
2 00	an/Medical	rasulting in death) Lest						1					
d by th	/ Physician/	Pert it. Other significant conditions	contributing to deat	h but not resulti	ng in the u	nderiying c	ause gi	ven in Pert I	•		Yes 2 No	ontribute t	o the cause of death?
ew requise been 2 should	Completed by		8.99								24a. Wes en eutopsy performed?		ere autopsy findings railable prior to empletion of causa deeth?
The i	Com									170	Yes 2□No	11	□Yes 2XNo
ysician: The s certificate director, pag	Be (25. Was case referred to medical examiner?						28. Place	of Death	(Check only	one)		
Physician: this certific ral director,	2	1 Yes 2 No	Hospital: 1 Inp		R/Outpetier	-	, A				idence 8 □Otl		fy)
After fune	ation:	27. Manner of Deeth 1 Neturei 5 Pending 2 Accident investigat		njury Dey Year)	8b. Time of Injury	M 2	8c. Inju Wo 1 □	nyat ork?]Yes 2□		3d. Describe	how injury occu	rred	
2 4 2 5	Certification:	3 Suicide 6 Could not determine	200. Place of	Injury - At hom etc. (Specify)	e, farm, str	eet, factory	, office		28	Bf. Location City or To	(Street end Num own, State)	ber or Run	al Route Number,
Funeral	edical (29a. Certifier 1 Certifying I (Check only one)	Physician: To the be aminer: On the basis and menner	s of examination	edge, death n and/or in	occurred vestigation,	et the ti	ima, dete an opinion, dea	d plece, er th occurred	nd dua to the	cause(s) and m , date and place,	anner as a end due t	oteted. o the cause(s)
To the	Me	29b. Signature and title of certifiar Shereta a H	ill, MD	nternal Housest		cine.		se number			29d. Date signa May 24		
1		30. Name end eddress of person who Dr. Sherita A. Hil 31. Date filed (Month, Dey, Year)	1 Tower 110	Doctor	's LOL		Johr	ns-Hopt	uns H	ospita	Battim	ore, h	1D 21287
Sta Registr	ar	MAY 3 0 1996	Jalia of	istrar's Signatur	dall								



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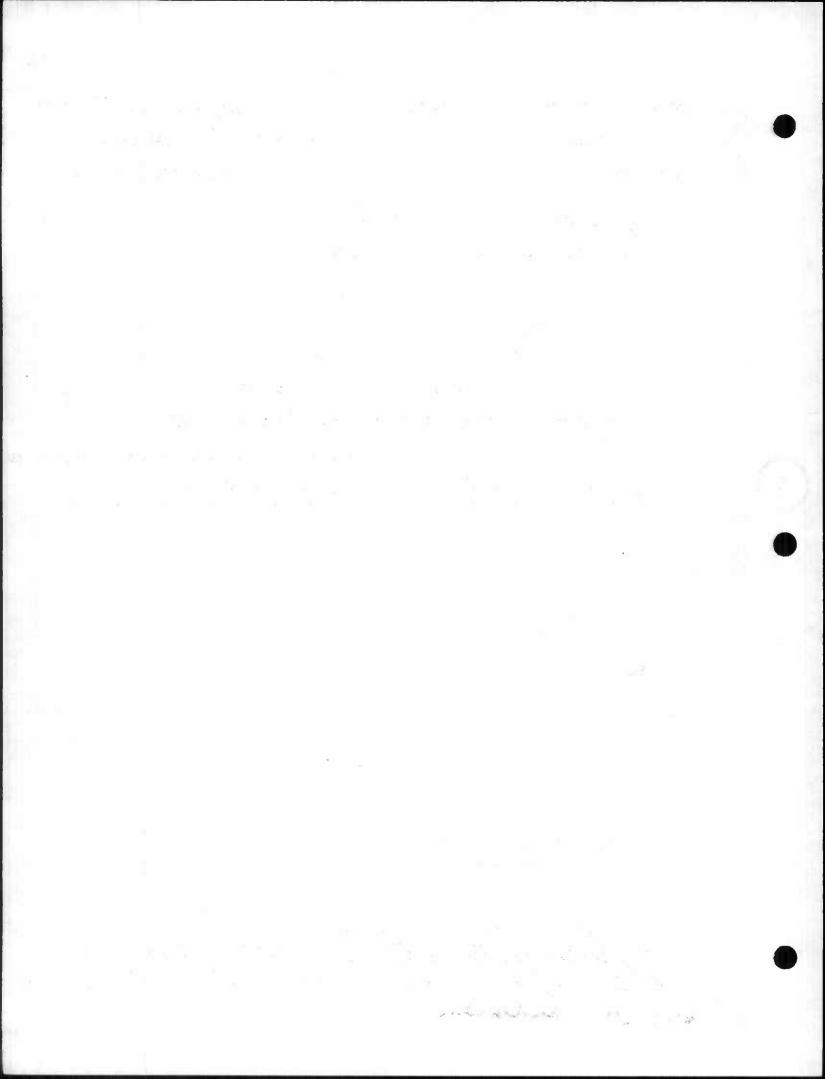
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF					MENTAI	HYGIEN		O	13331
	1. DECEOENT'S NAME (First	, Middle, Last)	Lee		Noppe			DEA		2. DATE MISHEY	DEATH	5//	95%	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	120	5. SEX 1		s. last birthday)			IF UNDER	24 HRS. MIN.	7, DATE (Month	of differing (1) Day, Year) h 25]	1002	8. BIRTHP Country	PLACE (State or Foreign
	214-08-720 90. FACILITY HAME (# not in		4.5	14	i ins.	9h CITY	TOWN (OR LOCATIO	OH OF D		n 25 J	9c. COU		
E E	13 Glen Fa						park		OH OF DI	EAIH			timor	
CIC	RESIDENCE OF DEC						-							
DIRECTOR	MD .	Balti				oarks		TION						10d. INSIDE CITY LIMITS? 1 YES 2 X HO
FUNERAL	100. STREET AND NUMBER	.lls Pa	ıth				21152				10g. CIT	USZ	HAT COUNTRY?	
B⊀	11. MARITAL STATUS 1)2 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? IF YES, GIVE V	YES 2	⊠ NO	1.33	If yes, sp		n, Mexico	en, Puerto I	17 (Specify Yes	s or Ho—		— American Indian, White, etc. White
ETED		EOEHT'S EDU ly highest grade	completed)		Give kind of	work done	during mo	ON ost of workin	ng	16b.	KIND OF BU	SIHESS/IHC	DUSTRY	
COMPLET	8		College (1-4 or 5	*'	Sti	udent	:					N/A		
E CO	17. FATHER'S HAME (First, M Wayne	fiddle, Last)		Nopper	nberge:	r		18. MOTH		AME (First, I	Middle, Malden Lee		На	arris
TO BE	19e. IHFORMANT'S NAME (19b. MAILIH	G ADDRES		and Number	or Aural		ber, City or Tow			
	Kelly Nopp	ПОН		20b. PL	ACEAND DATE				n SI	DAT	, Md.		City or Tow	rn, State
	1 Buriel 2 Cremete 4 Donation 5 Other	(Specify)		Du	ranegy of							n, Md.		
	21. SIGNATURE OF FUNERA	AL SERVICE LI	es.	22. HAME AHD ADDRESS OF FAC										al Home, Inc.
Z	23. PART i. Enter the dephase, or himmediate CAUSE (Findiseese or condition resulting in death)	eert fellure.	List only one ce	ot coused thuse on each	ine.	Em .		ode of dyl			diec or resp	iretory sn	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	diete ING ury	с.	OR AS A CO										
MEDICAL	PART ii, Other signitic	ent condition	ns contributing to	death but	not resulting	in the u	nderlyin	g couse (given in	Part i.	24s. WAS AN PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO U		RIBUTE TO CA						ERTAI	N 🗆				
SICIAN:	25. WAS CASE REFERRED TEXAMINERY 1 TES 2 HO	TO MEDICAL	HOSPITAL:		PLACE DF DE	OTHE	R:		eldence	8 🗆 Othe	er (Specify)			
PHY	27. MANHER OF DEATH	Pending	28e. DATE O (Month,	Day, Year)	28b. Ti	ME OF	W	JURY AT		28d. DE	CRIBE HOW	IHJURY OC	CURED	*
ED BY	2 Accident	Investigation Could not be determined	28e. PLACE building	OF IHJURY —	At home, term	, street, lec			₽ NO		ATION (Street or Toyln, State		r or Rural R	oyte Number, 2/18
COMPLET	a wast		ICIAH: To the best of											end menner es stated.
O BE CO	29b. SIGNATURE SMO TURO	-		3 100	un	A	ma	29c. LIC			23			(Month, Day, Year)
1	30. HAME AHD ADDRESS O	F PERSON WI	O'DO	SE OF DEATH	(ITEM 27) (Ty)	oe, Print)	1 14	Sm	, le	TA	1.///	RA	BA	>1210 Itimore 200
	31. DATE FILED (Month, Day	3 0 199	6 32. PHO 16 TH	ANE SIGNATU	Redde	4								



State of Maryland / Department of Health and Mental Hygiene 96

					Ce	ertifica	te of	Death	77	R	eg. No.			
hysicia (Modis		Decedent's Neme (First, Middle DR .MICHAEL DAV		0'	MANSKY				2	Date of Deat	25/	396	3. Time of Pear	
/Medic Examin	_	4a. Fecility Neme (If not institution 2 SAXONY COURT	, give street end r	number)					wn, or Local	tion of Defath	4c. County BALT	of Death		
neral ector		5. Sociel Security Number 220–52–6299	6. Sex 1 2 M 2 □ F	7. Age (In	yrs. last birthdey 30 Yrs.	Months	or 1 Yeer Days	If Under		Dete of Birth (Month, Day) JUNE 2		9. Birthoi	ece (Stete or For In) LAND	
Examiner must be notified at	tor	Usuel Residence of Decedent 10a. Stete 10b. County MARYLAND BALT	IMORE	100.	City, Town or L	Location						10	od. inside City Lin	
	Dire	10e. Street end Number 12 ESTATES COUR	RT, APT.	5410			p Code 1208			1	Og. Citizen of \		try? SA	
	by Funeral	11. Maritei Stetus 1 □ Wever Merried 2 □ Marri 3 □ Widowed 4 □ Divorced	Armed	ecedent Ever i Forces? s 2% No Give Detes:	n U,S. 13	. Wes Dece If Yes, sp			gln? (Speci i, Puerto Ri	fy Yes or No- can, etc.)		e - America ck, White, e		
	17. I 19. I 20e	15. Decedent (Specify only highes Elementery/Secondery (0-12)	t grade completed	d) (1-4or 5+)	16a. Dec (Giv life.	16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Indust								
17. In In In In In In In In In In In In In	17. Father's Neme (First, Middle, I	Last)	O'MANS	SKY	PH	YSIC	18. Mothe	or's Neme (i		MEDIC Meiden Surnam		FUCHS		
		19e. Informent's Neme/Relationsh DR . SAMUEL O M		ATHER)	1	-					, City or Town,	Stete, Zip	Code)	
2	DR. SAMUEL O'MANSKY (FATHER) 20e. Method of Disposition 1										Dete	20c. Location -		
	/Medic	23e. Pert I. Enter the disease, or shock, or heert feilure. List of immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last	b	Due to	o (or es e conse	advence of	1.E. (fud	e Fi	des des	Du	3	Approximate intervel Between Onset end Death	
	P S	Pert II. Other significant condition	ns contributing to	death but not	resulting in the	underlying	cause g	iven in Pert I.	,	23b. Did to			the cause of dealers ably 4 Unkr	
	Completed by									24a. Wes e perform		con	re eutopsy findin ilieble prior to npletion of cause leeth?	
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State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate (of De	ath		Reg. N	lo.			
		1. Decedent's Name (First, Midd	e, Last)							2. Data of				3. Time	e of Death
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Director		219-01-8460			76	113.				May 9	,19	20	Md		
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5 6	Director	10e. Street end Number					10f. Zlp Cod	eb			10g. C	itizen of V	What Count	ry?	
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other		20a. Mathod of Disposition			20b. Placa of	Dispos	ition (Nama o	f non		Painted Data	20c. I	Location -	City or Tov	wn, State	9 / U
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permit. Pagas Department of H Important: If Ite any injury or of		21. Signature of Funarai Service	Censee			St	Nama and Ad			Funer	al 1	Jome			
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or Attendatation of the Control of t	Certification:	4 ☐ Homicide datam	Ined 288. Pi	aca of Injury uilding, atc. (a	- At homa, fai <i>Specify)</i>	rm, stra	at, factory, off	ice		28f. Location City or	Town, Sta	in <i>d Numb</i> ta)	per or Hurai	Houte N	iumber,
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DHMH 16 Rev 6/95

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFICA	TE OF	DEATH		REG. NO.	E		
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4. SOCIAL SECURITY NUMBER 175-12-2329	1XXM 2 □ F	AGE (In yrs. lest I	YRS. MON		HOURS MIN	Fe	E OF BIRTH hth, Day, Year) b. 11,19		Peni	nsylvania
90. FACILITY NAME (If not institution, give str IVY HALL NUTSING RESIDENCE OF DECEDENT			9b.		accation of				salti	imore
10e. STATE 10b. COUNTY	Baltimore		10c. CITY, TO	WN OR LOCAT		ssex				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
1113 Apt. A Ol	ld Eastern	Avenue		101.	ZIP CODE	1221		10g. CITI Un	zen of w	States
11. MARITAL STATUS 1 Never Married 2 XMarried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 🗓 IF YES, GIVE WAR (YES 2 NO	WII		olfy Cuban, Ma		IN? (Specify Yea o Rican, etc.)	or No-	14. RACE Black Specifi	- American Indian, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 8 Years	CATION completed) College (1-4 or 5+)	(Give	EDENT'S USU, to kind of work of DO NOT use reti US Driv	lone during mos red.)	N It of working	16	Trans)			
17. FATHER'S NAME (First, Middle, Last) Richard Peightal					Daisy	Apple	, Middle, Mejden : baugh	Surname)		
19a. INFORMANT'S NAME (Type/Print) Mrs. Irene Carno	ell Peight	al 1	1113 0.	ld Eas	tern A	ie. Al		alti	nore,	, MD 21221
20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		20b. PLACE AN cometery, crem GWUW		rest V	.A.Cem	.5/31	196 Owi	ngs i	Mill	s, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE						l Home Dundalk			2k, Inc. nd 21222
23. DART I. Enter the diseases, or c ahock, or heart fallurs. I		used tha dea	th Do not a							
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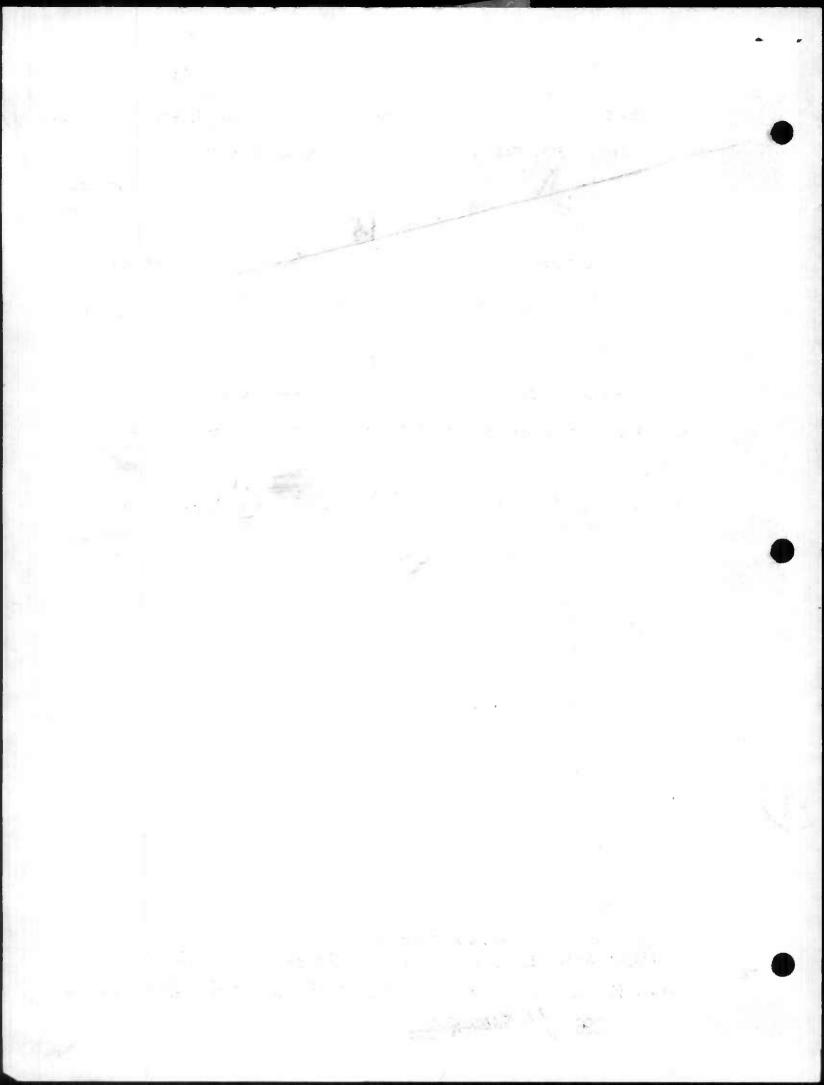


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Physician /Medical	_	G	AIL	s.		POS	STER	Month MAY 2	28, 1 99	Yeer 5	12	35am
Examiner		4a. Facility Name (If not institution, giv	a street end number)				4b. City, Town,	or Location of Dea		nty of Deet		
		MERCY HOSPITAL					BALT	IMORE		N/A		
Funeral	1	5. Social Security Number 6. S		a (In yrs. I	est birthdey)	If Undar 1 Y		Hrs. 8. Data of Bi (Month, D	irth			tata or Foreig
Director		Usuel Residence of Decedent	□M 2X F	78	Yrs.	NIO. NIO	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MAR.	6,1918		RYLAI	
28a-f show notified at		10e. Stete 10b. County		10c. City	, Town or Lo						10d. Insi	de City Limit
Sign of	5	MARYLAND N/A			В	ALTIMOF	Œ				12	Yes 2□N
2 2		10e. Street end Number 1101 N. CALVERT S'	r., APT. 1	.807		10f. Zip Cod	^{de} 21202		10g. Citizen o	of What Co	untry?	
Examiner must by Funeral	2	11. Marital Stetus 1 □ Nevar Merriad 2 ☐ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 1 if Yes, Give Year or Detes:		11	Vas Decedent i Yes, specify (Cuben, Maxican, P	? (Specify Yas or N uerto Rican, etc.)	o- 14. R			
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aig P		1 Yes 2 No	Hospitel: 1 ☐ Inpatie	nt 2 🗆 E	ER/Outpetlen	30 DOA	Othar: 4 Nursir	ng Home	idence 6 🗆 (Other (Spec	cify)	
nera		27. Mennar of Deeth Natural 5 Pending	28e. Dete of injur (Month, Da)	ry v Year)	28b. Tima of Injury	28c.	Injury et Work?	28d. Describe	how injury occ	urred		
atic		2 ☐ Accident investigation			, , ,		1 ☐ Yas 2 ☐ No					
ed in by the funera		3 Sulcide 6 Could not be detarmined	28e. Pleca of Injubuilding, etc	ury - At hor	me, farm, stre	eet, factory, off	ice		(Street end Nu own, State)	mber or Ru	ral Routa	Number,
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Me Me		29b. Signature and title of certifier	and man ste		-	29c. Lic	ansa number		29d. Deta sig	ned (Monti	Dev. Ya	er)
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		, 0000)	c. Bre	y		V	- / 1 / 4	i+ S-it	11-	0	*	1. 1
}	3	30. Nema and eddress of person who	complated cause of de	eath (Item	23e) (Type, I	Print)	n 1	1 1	61-	- 13	16	mil
			CHZK	mi	11 . 3	0/17	11	ナンール	C01)	2	120	2
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State Registrar THE STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

		. Decedent's Nam	a (First, Middla,	Last)			rtificat	J 01		2. Data of De			3. Tima of Death
sician edical	L	ANTHON				P	ERKIN		Jr.	MAY 23		Yaar	7:35 a
miner	1			giva street and num					4b. City, Town, or	Location of Deal	th 4c. Coun	ty of Death	
ral	5	THE JOH		INS HOSPI		last birthday)	If Undar	1 Yaar	BALTIMO If Undar 24 Hr	S. R Data of Bi	rth	9 Birtho	lana (Stata or Foreign
rai lor				1 M 2□ F		/ Yrs.	Months	Days	Hours Mir		27-95	Coun	laca (Stata or Foraign try) land
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8	-	O LI MICOMBO	15. Decedant's		as.	18a. Deced	dant's Usua	al Occur	pation		16b. Kind of	" Bla	
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once. To Be		19a. Informant's Ne					_		and Number or F				Code)
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ă		DI Dan	1000	(XI)		M	arch	Fund	eral Hom orth Ave	e nue. Bal	timore,	MD 2	1202
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Medical	1	hat Initiated avants asulting In daath) L		d	Dua to (o	or as a consed	uanca of:J						
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by Physician/M		art ii. Other signiii		contributing to dea	in out not ras	uning in tha u	ndarrying ca	ausa gn	van in Part I.		Yes 2 1 No		the cause of death?
Completed	-									24a. Was	an autopsy ormed?	ava cor	ara autopsy findings aliabla prior to mpletion of cause death?
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To Be		5. Was case rafarr axaminer? 1 Yas 2	No	Hospital: 1 🗆 Ing		ER/Outpatien			nar: 4□ Nursing	eath (Check only Homa 5 Ras	Idance 6 🗆 O		1)
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edical	2	9a. Cartifiar (Check only one)	1 Certifying F 2 Medical Ex	Physician: To the beaminer: On the bas and manna	s of axamina	wledga, daath ition and/or inv	occurred a astigation,	at tha tir in my o	ma, data and place opinion, daath occ	e, and dua to tha urred at tha tima,	cause(s) and n data and place	nannar as st , and dua to	ated. tha causa(s)
Me	2	9b. Signature and	tition of continer	AN	ulling !	Rumark	Zu 29c	Licens	e number		29d. Date sign	ed (Month, I	Day, Year)
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	3	O. Nama and addre	s of person wh	o complated causa		, , , , .	Print) The Je	1	Marking	Har odles	South	1. 10	N.D
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DHMH 16 Rev 6/95



						tificate of	Death		Reg. No.		
Physic /Medi		Decedant's Nama (First, Middla, L ALMA MARIE QUIC	JARRO					2. Date of D Month	25	Yaar 1996	3. Time of Death
Exami	ner	4a. Facility Nama (If not institution, g					4b. City, Town, or L	ocation of Pea			
			Sex 7. Age		ast birthday)	If Undar 1 Yaar	If Undar 24 Hrs.			MITJ.	
Funeral Director		213-34-1481 Usual Rasidence of Decedant	1 M 200F	82	Yrs.	Months Days		8. Data of Bi (Month, D		Coun	elaca (Stata or Forai etry)
death with the Maryland rms 23s or 28s-f show		10a. Stata 10b. County		10c. City	, Town or Lo	cation				1	0d. Insida City Limit
r the Marylan r 28a-f ahow	ctor	MD. BALTI	MORE		Ton	ISON					1 ☐ Yas 2 N
or 28	Olre	10a. Street and Numbar				10f. Zip Coda			10g. Citizan of	What Coun	itry?
ath w	ra .	1310 COLBU				212				.A.	
or its	by Funeral Director	11. Marital Status 1 □ Never Marriad 2 □ Married 3 ₱ Widowed 4 □ Divorced	12. Was Decadant E Armed Forces? 1 ☐ Yas 2 ☑ N If Yas, Giva Yaar or Datas:	evar in U,	İ	Vas Dacedant of I Yes, specify Cub	Hispanic Origin? (Spean, Maxican, Puarto Specify:	ecify Yes or N Rican, atc.)	Specif	ca - Amaric ck, Whita,	
"natural",	Completed	15. Decedant's I (Specify only highast g	Education		16a. Deced	ant's Usual Occup	pation	rina	16b. Kind of B	usinass/ind	dustry
드 교회	nple	Elamantary/Secondary (0-12)	Collega (1-4or 5-	+)	-		during most of work d)		0		
illed with Hygiene. other ther	Cor	8 yrs			IELE	COMMU	MICATI				MRITAN
S de S	Be	17. Fathar's Nama (First, Middla, Las		_			18. Mother's Nam				
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d 2 sho th and 7 is me traum		19e. Informent's Name/Ralationship		_		Λ	t end Number or Rui	re/ Houta Numi	z 12		Codaj
s 1 and if Health item 27 other tr		DoLores t	HRHARDT	20b. Pl	laca of Dispos	sition (Nama of natory or other pla	KY KID.	Data	20c. Location		wn. State
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permit. Depart Import any inj		Out he	(D)		E	VANS CH	HAPEL OI	F MEN			
	Н	23a, Part L Enter the disease, or co	molications that caused	the death		800 HA			21234		Approximate
Dhualalan		23a. Part . Enter the disease, or conshock, or heart failure. List only	y ona cause on each lin	a.	i. Do not ent	s the mode of dy	ing, suori as varoiao	or raspiratory	a1165t,	1	Intarvai Batween Onset and Death
Physician /Medical		Immediata Causa (Final	Ha and			0	20-+				2
Examiner		disease or condition rasulting in daath)	awaray	ren	2	X \$6	901				2 mone
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death certificate be axecuted a attending physicien end of for use es the buriel-transit	aml	Sequentially list conditions	1 6.1 3024	Dua to (or	as a consag	uance of):	N) / BUCK	asl			years
filicate be axecuted g physicien end es the buriel-transit	edical Examiner	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury									
ysici he bu	Ical	Causa (Disaasa or Injury thet initiatad avants rasulting In daath) Last	c	Oua to (or	as a consequ	uence of):				<u> </u>	
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od by the attendin	Physician/N		I d								
e das tha a hed f	/slc	Part II. Other algnificant conditions	contributing to death bu	t not rasu	ilting In tha ur	darlying cause gi	van in Pert I.	23b. Dfc	I tobacco use co	ntributa to	the cause of deat
d by the	P.							1	Yes 2□ No	3 Prol	bably 4 Unkno
S 5 8	by									Odb W	are autonou findings
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2 8 9	Completed								. /	of	death?
age a								1 🗆	Yas 2 No	1 [Yas 2 No
ysician: The is certificate director, pag	Be	25. Was casa referred to medical examinar?	Hospital:			Ot	26. Plece of Dee				77
0 0	. To	1 ☐ Yes 2 No 27. Menger of Death	1 ☐ Inpatier		ER/Outpatien 28b. Time of	3LI DUA	4 U Nursing H		how Injury occur	nar (Specify	y) Hospice
Attending For death. Cotor: After by the funer	tlor	1 Natural 5 ☐ Panding invastigati	(Month, Day	Your	Injury	28c. Inju Wo	ork?]Yas 2∐No				
i or Attending Phefile death. Director: After the fine by the funeral	flca	3 Suicida 6 Could not	be 28a. Placa of Inju	ry - At ha	me, ferm, stra			28f. Location	(Street and Numi	ber or Rura	il Routa Number,
우유하는	Certification:	4 Homicida	building, afc.	. (Spaplly)			City or To	own, Stata)		
n 14 hours n 14 hours ne Funeral	edical C		hyelcian: To the best of iminar: On the basis of and manner stat	axaminati							
5 00 B	Σ	29b. Signature and titla of certifier	5			29c. Lioen	se number 4		29d. Data signe		Day, Year)
4		·		_	-	1/			5. 28-	9.5	
		30. Nema and eddrass of person who	complated cause of de	ath (Itam	23a) (Type, I	Print)					
		DR. EDDIE NAKH	HUDA 2300	DU C	LANEY	VALLE	Y RD., 1	COWSON	,_MD	2120	4
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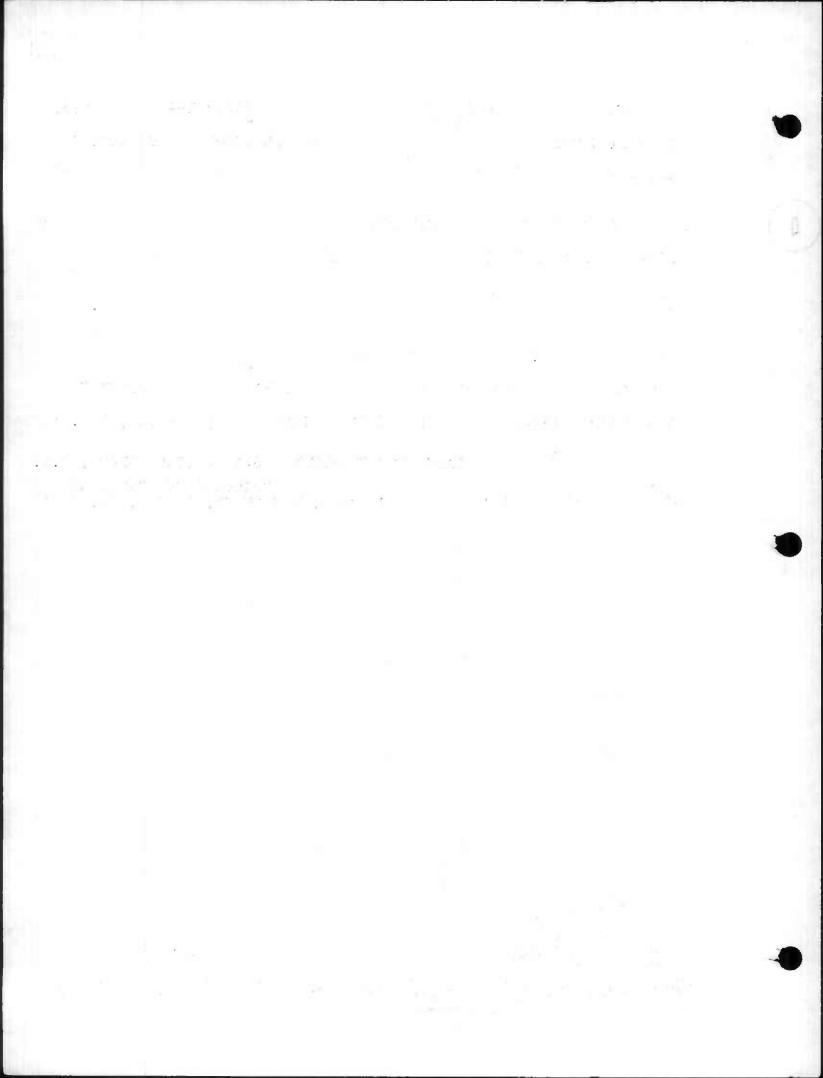
State Registrar

do " est" for

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate o	f Death		Reg. No.		
	Dhusia	ion	1. Decedant's Nama (First, Middla, La	st)					2. Date of De	eeth Day	Yaar	3. Time of Daath
	Physic /Medi		RHEA	RI	EID				05/29	/1996	raai	10:30AM
Ĵ	Exami		4e. Fecility Nama (If not Institution, giv	· ·				4b. City, Town	, or Location of Deet	h 4c. Count	y of Death	
			3 SONYA COURT				I Will a land		ALLSTOWN		ALTI	
	Funeral Director		5. Social Security Number 6.5 105-30-1373 Usual Rasidance of Decedent	I M SINE	ga (In yrs. Ias 56	yrs.	If Under 1 Yes Months Dey		Min. 8. Date of Bir (Month, De 06/1	/ 1939	9. Birthpl Count N	ace (Stata or Foreign ry) EW YORK
1	Maryland of show		10a. Steta 10b. County		10c. City,	Town or Lo	ocation				10	Od. Insida City Limits
1)	n the Mar r 28a-f s	Funeral Director	NEW YORK QUE	EENS	LA	UREL	TON 10f. Zip Code)		10g. Citizan of	What Count	1 ☐ Yes 2 No
	th with	alD	130-09 224th	1 STREET			114	13		US		
21215-0020	72 hours efter death with the Marylen natural', or Heme 23a or 28a-1 show final Experience must be notified at	by Funer	11. Marital Status 1 □ Nevar Married 2 □ Merried 3 ☒ ☒ √ Idowed 4 □ Divorced	12. Wes Dacedent Armed Forcas? 1 ☐ Yas 2 X I If Yas, Giva Yaar or Datas:			Was Decedant o If Yes, specify Co 1 ☐ Yas 2 ☐ ₩	uben, Mexican, F	n? (Specify Yas or No Puerto Rican, etc.)		ce - America ock, Whita, a	itc.
0-0	2 hox	ped	15. Decedant's Ed	ducetion		16a. Dece	dent's Usual Occ	upation		16b. Kind of B		
215	hin 7	Completed	(Specify only highest green Elamantary/Sacondary (0-12)	ede completed) Coilaga (1-4or!	5+)	(Give	kind of work dor DO NOT usa rati	na during most of red)	f working			
2	or the	Con	12	2	,	VIC	E PRES	IDENT		BANK	ING	
nd	al Hy al	Be	17. Father's Name (First, Middla, Last)						Nama (First, Middla			
yla	Menid Menid	70	HILDRED	COLI	LINS				VIAN		BRAN'	
, Maryland	end 2 sh eelth and n 27 le m			Type, Print) (SON)		5877	CROTO		or Rural Routa Numb LE INDI	er, City or Town		
Baltimore,	permit. Peges 1 and 2 should be filed within 72 hours Deperment of Heelth and Mental Hygiene. Important: if item 27 le marked other than "natural", any Injury or other treumatic event, tra Medical Example.		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific		cen	natary, cra	osition (Name of matory or other p ON CEM		Data 6/4/96	20c. Location		ND, N.Y.
Balt	permit. Depertr Importu any Inj		21. Signature of Funaral Service Licer	A	P #28		2. Name end Add	1	PHILLIP NROE ST.			
	Physician		23a. Part1. Entar tha disaasa, or com shock, or haert failura. List only									Approximata intarval Batween Onset end Death
	/Medical Examiner		Immediata Ceuse (Final diseasa or condition resulting in daath)	a BRE	Dua to (or a		0	Chr				5 Mos
-	D #	ne										
90,	writicete be executed ing physician end e es the burial-transit	i Examiner	Sequentielly list conditions, if eny, laading to immediata ceusa. Entar Undarlying Causa (Disaase or injury	b	Due to (or e	s a consec	quance of):					v v v 65 - 6**
Box 68760,	requires that the deeth certificate be executed been signed by the ettending physician end thould be deteched for use as the burial-transit	n/Medical	that initiated events rasulting in death) Last	d	Due to (or e	s è consec	juance of):					
8	deeth e ette	sicia	Part II. Other significant conditions of	ontributing to death b	ut not rasuiti	ing in tha u	ndarivino ceusa	pivan in Pert i.	23b. Did	tobacco use co	ontributa to	the cause of death?
P.0	ires that the deeth cer signed by the ettendin d be deteched for use	Physician/							10	Yes /22No	3 Prob	ably 4 Unknown
S,	gned be de	by	-						_	4	_	
of Vital Records,	2 S 8	Completed							24e. Wes	en eutopsy ormed?	eva	re autopsy findings ilable prior to apletion of cause eath?
æ	The I	E O							10	Yas PHO	1□	Yas 2□ No
/ita	ysicien: The lev is certificate hes director, pege 2	Be	25. Wes case rafarrad to medical examinar?					26. Place of	Daath (Check only	ona)		
1	5 000	2	1 Yas 25 No	Hospitai:	ant 2 Ef	7/Outpatier	nt 3□ DOA	Other: 4 Nursi	Ing Homa 5 Resi	idence 6 Dot	har (Specify)
ion	Attending Physic deeth. sctor: After this by the funeral d	atlon:	27. Manner of Death Inatural 5 Panding Invastigation		y Year) 2	8b. Tima o Injury	W	juryat /ork? □ Yes 2 □ No		how Injury occu	rred	
5	al or Attendi s efter deeth. il Director: A ed in by the f	Certification:	3 Suicide 6 Could not be datarmined	28e. Place of Inj building, at		e, ferm, str	aet, factory, offic	8	28f. Location (City or To	Straet end Num wn, Stata)	ber or Rural	Routa Number,
	To the Hospital or Attending Ph within 24 hours elicate deeth. To the Funeral Director: After th completely filled in by the funeral	edical (29a. Cartifiar (Check only one) 1 Certifying Ph	yaiclan: To the best of niner: On the basis of end mennar sta	axamination	edga, daati n and/or in	n occurred at tha vestigetion, in my	tima, data and p opinion, daath	blece, end dua to tha occurred at tha time,	causa(s) and m dete end place,	annar as sta and dua to	atad. tha ceuse(s)
	With To the	Σ	29b. Signature and title of certifier	/				nse number		29d. Date signe	ed (Month, E	Day, Year)
			AUX	(m)			03	5606		5/30	Sh	
			30. Nama and address of person who	completed ceuse of d	leath (Itam 2	3a) (Type,	Print)	OR OR	Warby M	rus	Mo	+1117
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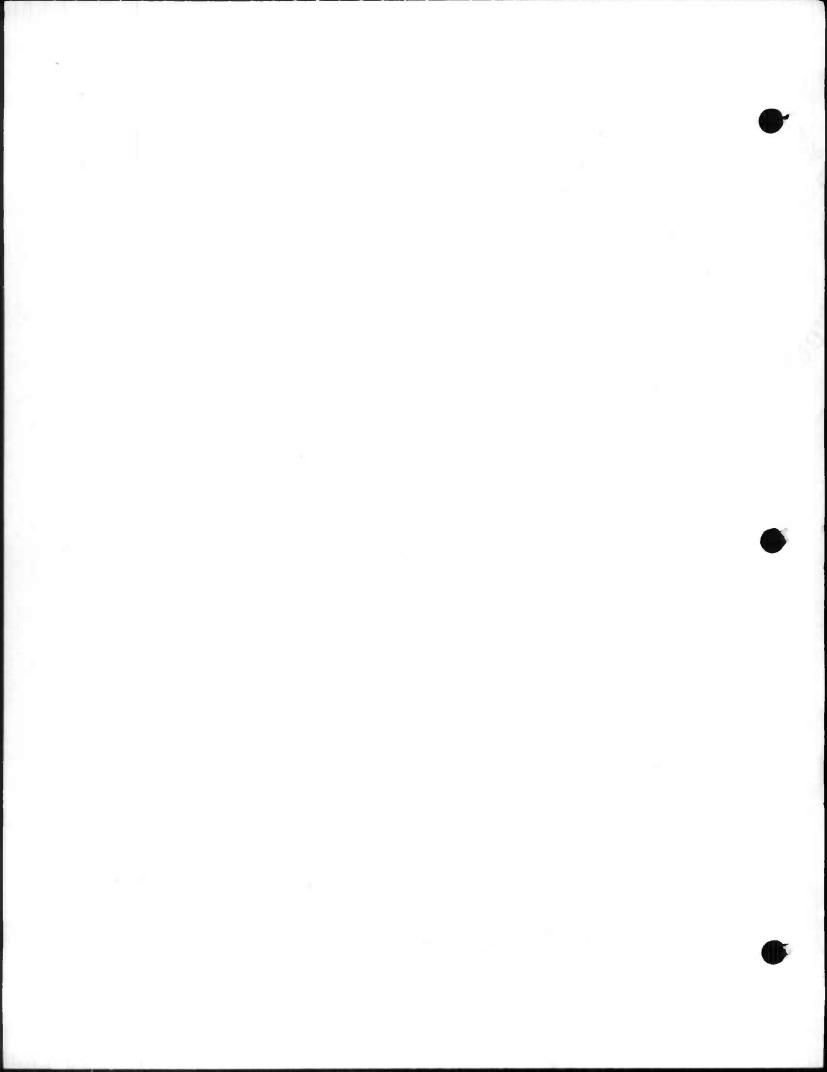
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Death with and Merital Hygiene prior to removal. The model as a should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Table State Death and Merital Hygiene prior to removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / D	DEPARTMENT OF HEAL RETIFICATE OF DE	TH AND N	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	2			2. DATE OF DEATH		3. TIME OF DEATH
	01691	10025				I Q Q L	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest b	irthday) IF UNDER 1 YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH		13.40 "
	22 CI TOIT CUL	-	YRS. MONTHS DAYS HOU		(Month, Day, Year)	2-1 -8	RTHPLACE (State or Foreign untry)
	00484354	6					ARYLAND
~	9s. FACILITY NAME (If not institution, give a	11	9b. CITY, TOWN OR LOC	CATION OF DE	ATH €	9c. COUNTY O	F DEATN
Ö	HUGSBURG	LUTHERAN HO	ME BALTIC	NORS			
	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		40. APTY TOWN 00 1 00 1 00 1				
DIRECTOR	(C) C (A)		10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	LIARYLAND		MALLIMON	25			1X YES 2 NO
\ \frac{1}{2}	10e. STREET AND NUMBER		10f. ZIP C	ODE		10g. CITIZEN C	F WHAT COUNTRY?
FUNERAL	PSII LAMP	FILLO KOAD		2120	7	17.	S. Q.
٦	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARME		T OF NISPAN	C ORIGIN? (Specify Yes	or No- 14. R.	ACE - American Indian,
BY F	1 Never Married 2 Married	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yea, specify C		, Puerto Rican, etc.)	1	lack, White, etc.
	3 ₩Idowed 4 □ Divorced			.,,		(ETIKU
H	15. DECEDENT'S EDUC (Specify only highest grade		DENT'S USUAL OCCUPATION kind of work done during most of w		16b. KIND OF BU	SINESS/INDUSTR	1
	Elementary/Secondary (0-12)	College (1-4 or 5+)	NOT use retired.)	uning			
, <u>ē</u>	12783.	byRs Soc	IAL WORK	5.6	SIAIS	DEM	ARVIAND
E COMPLETED	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	18. N	IOTNER'S NAM	E (First, Middle, Maiden	Sumame)	1147-1110
ā w	THEODORS	PLAIDIN		9112	NH 22 L	1: OT	
8	19a. INFORMANT'S NAME (Type/Print)	19b. N	AAILING ADDRESS (Street and Myrr	nber or Rural A	oute Number City or Tow	m State Zin Code	(1)021
2	JUDITH READ	BROWN MS	S 2000000	-00	11		B 1,103P
9	20s. METHOD OF DISPOSITION	200 81 455 445	DATE OF DISPOSITION (Name of	OHU	ACANGE I	Jomu.	BIDBATKSUUZI
TO BI	Buriel 2 Cremation 3 Remo		tory or other placa)	1- 00:-	S-31 1	CATION City of	Town, State
5	21. SIGNATURE OF FUNERAL SERVICE LIE	70/0	HUAT TOLL	CASZ	139 176	Mino	RE I ARYLAM
	16 8 46		22. NAME AND ADD	MAPL	LOFCHIO	235	1
N C	Harten to	a land	2335)	YORK	Rago -	T.m.	nive
	23. PART I. Enter the diseases, or o	omplications that caused the deeti	n. Do not enter the mode of	dylng, such	as cardiac or respi	iratory erreet.	Approximate
	ahock, or heert fellure.	List only one ceuse on each line.				20 7 7221	Interval Between
	disease or condition	Protomod Alla	· 111-4	A			Onset and Death
, casili,	resulting in death)	Ruptured Abdo Due to (OR AS A CONSEQUE	minal HOYTIC	MINE	NY5M		3 weeks
1 1		SOL TO (ON AS A CONSEQUE	ince or);		,		
TIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSEQUE	ENCE OF				
¥	if any, leading to immediate ceuse. Enter UNDERLYING		STOL OF J.				
	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQUE	INCE OF				
E	resulting in death) LAST		THE OF J.				
CERTIFICATION		1					<u> </u>
AL C	PART II. Other aignificent condition	e contributing to death but not ree	ulting in the underlying ceus	e given in F			4b. WERE AUTOPSY FINDINGS
1 ~ 1					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 ☐ YES 2	MINO	OF DEATH?
: MEDIC	DID TORACCO LISE CONTE	RIBUTE TO CAUSE OF DEATH	VEC EL NOVEL III	10505111			1 TYES 2 NO
N A	25. WAS CASE REFERRED TO MEDICAL			NCERTAIN	Ц		
i i	EXAMINER?	HOSPITAL:	OTHER:			<u></u>	
. ×	1 TYES 2 TANO	1 Inpatient 2 ER/Outpatient 3 I	DOA 4 Nursing Home 5	Residence 6	☐ Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending	28s. DATE OF INJURY (Month, Day, Year)	6b. TIME OF 26c. INJURY AT WORK?		28d. DESCRIBE NOW II	NJURY OCCURED	
D BY PL	2 Accident Investigation		M 1 TYES	2 NO			
9	3 Suicide 6 Could not be	28s. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory, offics		281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
COMPLETED	4 Homicide determined				- ,		
COMPLE	29e. CERTIFIER (Check only 1 CERTIFYING PNYSK	CIAN: To the best of my knowledge, death	occurred at the time, data and pl	ace, and due t	o the cause(s) and man	ner as stated	
C	one) 2 MEDICAL EXAMINE	R: On the basis of examination end/or inve	atigation, in my opinion, death or	cured at the fi	me, date and place, en	d dus to the coun	e(s) and manner as stated.
	29b. SIGNATORE AND TITLE OF CERTIFIER			JCENSE NUME			
8	Newrald Sono	Gierel -	290.1	145G	21	► May	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 2	7) (Type, Print)	137	\cup $($	- / 144	Twenty minga,
	DO DEGADO Y	TRIA- P	De Braz P	hab!	110-11	Λ -	1996
	31. DATE FILED (Month, Day, Year)	37 REGISTRER VEITHORNAG	1 0861	ALL	MEIGHIS	HVS	
	MAY 30 1006 9	ula Varidson Bonde					
			4				





State of Maryland / Department of Health and Mental Hygiene

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- 1	J	9	4	U

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month **Physician** Norman Reginald Ross Jr. 27,1996 May 11:15p.m. /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 9619 Winards Road Baltimore Randallstown If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Days Hours 1 M 2 □ F 212-80-1301 35 Yrs Director Nov 9,1960 Maryland Usual Rasidanca of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Baltimore Randallstown 1 Yas 2 XNo Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 5 9619 Winards Road 21133 USA 238 permit. Peges 1 and 2 should be filed within 72 hours efter deeth v Depertment of Health end Mentel Hyglene. Important: If item 27 is marked other than "natural!" A page. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Yas 2 ☐ No If Yas, Give Yaar or Dates: Navar Married 2 Married 1 ☐ Yas 🟋 ☐ No Specify: Black by 3 Widowed 4 Divorcad Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) Retail Assoc Years Comme de Garebron 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Surnama) Be Norman E. Ross Sr. 2 Ruth Fisher 19e. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Norman E. Ross Jr. 9619 Winards Rd. Baltimore, Maryland 21133 20b. Place of Disposition (Nama of camatary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 5/29/96 Baltimore, Maryland 5 Othar (Specif Metro Crematory 4 Donation 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Nutter Funeral Homes Inc. 2501 Gwynns Falls PKY Balt. Md. 21216 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death **Physician** /Medicai Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner The lew requires that the death certificate be executed physician and the buriel-trensit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Ceuse (Disaase or Injury that initiated evants rasulting in daath) Last Division of Vital Records, P.O. Box 68760, Physician/Medicai signed by the et Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yes NOUR þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? i certificate has blinector, page 2 s 2 XN0 1 Yas 2 No 1 Tyas or Attending Physician: 25. Was casa rafarrad to medical axaminar? Be 26. Placa of Daath (Check only ona) 1 Yas 2 No Other: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA this Certification: 27. Mennar ot Deeth 28d. Dascribe how injury occurred 28e. Deta of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Matural 5 Panding 1 ☐ Yas 2 ☐ No 2 Accidant invastigation 6 Could not be determined 3 Sulcida 28a. Plece of Injury - At homa, farm, street, fectory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 156 Certifying Physician: To tha best of my knowledge, daeth occurred at tha time, date end place, and dua to tha causa(s) and mannar as stated.
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, death occurred at tha time, data and place, and dua to the causa(s) end mannar stated. Medical 29a. Certifian 29b. Signatore and title of 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name end addrass of person who completed causa of daath (Itam 23a) (Type, Print) u Md Mel 274 Cloor Green

State

Registrar

31. Data filed (Month, Day, Year)

MAY 3 0 1996

32. Ragistrar's Signatura

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Item: 1, per F'.H. G-735 5/30/96 reb 1. Decedent's Nama (First, Middle, Last) 2. Deta of Deeth 3. Tima of Death **Physician** 26, MATTHEW FRANCIS REILLY 1996 7:38 PM BABY BOY REILLY "B" MAY /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** TOWSON, SAINT JOSEPH MEDICAL CENTER MD. BALTIMORE Hours Min. 8. Dete of Birth (Month, Day, May 18, If Under 1 Yaar 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Months N/A Maryland Director Usual Residance of Dacedant 10b. County 10c. City, Town or Location 10d. Insida City Limits ahov ms 23a or 28a-f sho must be notified at Parkville Baltimore Maryland 1 ☐ Yas 2 ☑ No Director 10e. Street end Numbai 10f. Zip Coda 10g. Citizan of What Country? or Herns 23a or 2907 Harview Avenue 21234 United States 12. Was Decedant Evar In U,S. Armed Forces? 14. Race - Amarican Indian. Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) Black, Whita, atc. 1 ☐ Yes 2/□XNo 1 Never Married 2 Married Maryland 21215-0020 1 Yas 2√3(No Specify: If Yas, Giva Yaar or Datas: þ White 3 ☐ Widowed 4 ☐ Divorced 'natural', Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry al Hygiere. Elamantary/Secondary (0-12) Collaga (1-4or 5+) Dependent N/A 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be permil. Pages 1 and 2 should be Department of Health and Mental Important: If item 27 is marked of James Thomas Reilly Theresa Lynn Mechura 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 2907 Harview Avenue Parkville, MD James T. Reilly Mr. altimore, 20b. Piace of Disposition (Nama of cematery, cramatory or other piece) Fullerton Dete 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removel from State St. Joseph Church Cem. 5/30/96 Fullerton, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funarai Sarvice Licensaa 22. Name and Addrass of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 23a. Part1. Entar the disaesa, or complications that caused the death. Do not antar the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Maryland 21222 Approximete Intarval Between Onset and Death Physician /Medical Immediata Causa (Final a NECROTIZING ENTEROCOLITIS 1 DAY disaasa or condition rasulting in death) Examiner Dua to (or as a consaquance of) Examiner PREMATURITY 8 DAYS physiclan and s the burial-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury Dua to (or as e consequance of): cartificata be execu P.O. Box 68760 Physician/Medical that initiated avants resulting in daath) Lest Dua to (or as e consequence of) usa as attanding ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by i 1 Yes 2 No 3 Probably 4 Unknown Records. þ cate has been sig., page 2 should b 24b. Wara autopsy findings aveilable prior to completion of causa of death? Completed 24a. Was an autopsy performed? cartificate 1 ☐ Yas 2 No 1 ☐ Yas 2 No Division of Vital Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No this funaral 28c. Injury at Work? 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred Certification: Aftar 5 Panding invastigation 1 Natural death. 1 Yes 2 No i or Attend after death Director: / 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28a. Place of Injury - At homa, ferm, street, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) illed in by 4 Homicida Hospital of 24 hours a To the Hospital
within 24 hours a
To the Funeral C 29a. Cartifias 1X Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mennar stated. Medicai (Check only one) 29b. Signature end titla of certifiar 29c. License number 29d. Date signed (Month, Day, Year) D41343 30. Nama and addrass of person who complated causa of daeth (Itam 23a) (Type, Print) MICHAEL LANGBAUM M.D., 7620 YORK ROAD, TOWSON, MD. 21204 Registrar's Signatura 31. Data filed (Month, Day, Year) MAY 3 0 1996 State

DHMH 16 Rev 6/95

Registrar

and the first of

1	-	STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

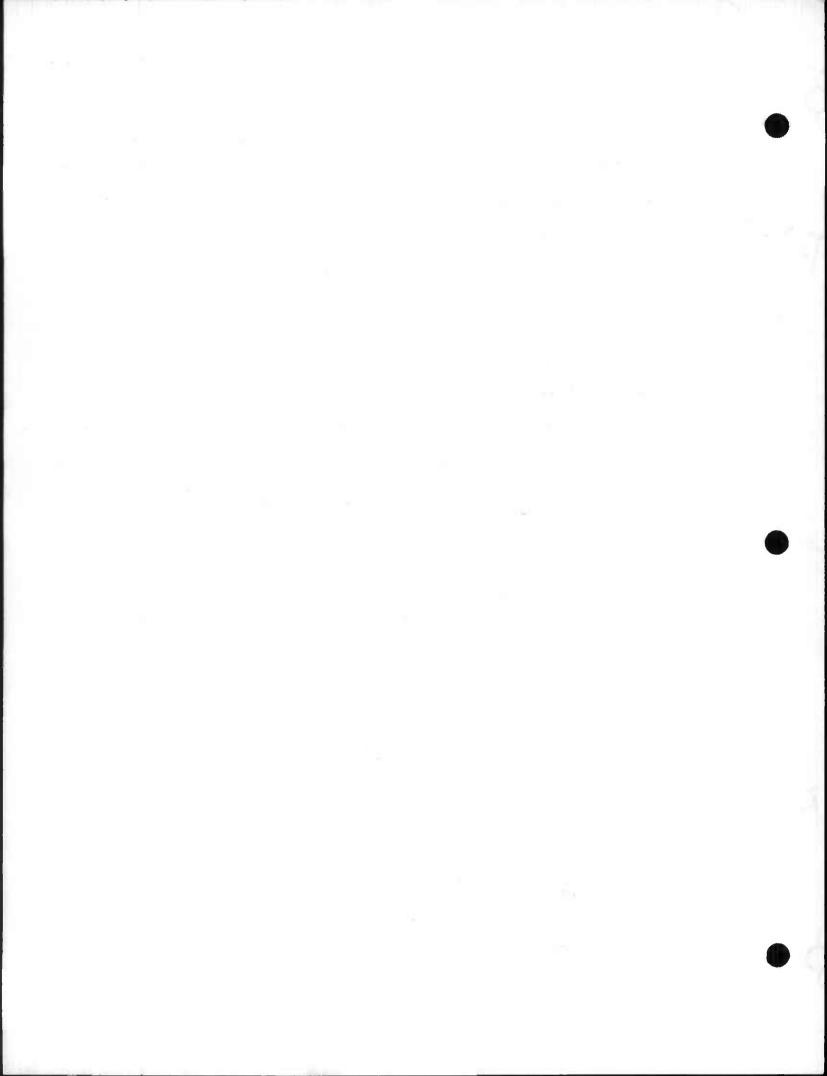
				DEATH	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) Melvin J. Scha	efer				2. DATE OF DEATH MONTH DAY 1	AY 1	3. TIME OF DEATH .996 7:15 AMM
4. SOCIAL SECURITY NUMBER 215-01-5071		82 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Jan. /	1914	BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give a				inore, M		111 - 111	Y OF DEATH
Good Samaritan					aryrand		O I MOLE
Maryland Balti	more		Essex	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10o. STREET AND NUMBER 2030 Sue Creek	Drive		1	01. ZIP CODE 21221		USA	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, WIVE WAR OR WW L	S 2 NO	If yes, a	CENDENT OF HISPAN specify Cuban, Mexica S 2 NO Specify		or No.— 14	Black, White, atc. Specify: White
15. DECEDENT'S EDUI (Specify only highest grade	completed)	16e. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during n		16b. KIND OF BUS	SINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)		sman		Jewe	lry	
17. FATHER'S NAME (First, Middle, Last) Henry Schaefe	er			18. MOTHER'S NA	ME (First, Middle, Maiden ta Crosw	Sumame) ell	
19a INFORMANT'S NAME (Type/Print) Marilyn Reinh	nardt	19b. MAILING 2439	AOORESS (Street Hughe:	and Number or Rural F S Shop R	Noute Number, City or Tow. Ld., West	n, State, Zip Co minst	er, MD 21158
20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		ob. PLACE AND DATE OF Oth Dulaney			OATE 20c. LO	cation - ch	y or Town, State 7 Timonium
21. SIGNATURE FUNERAL SERVICE LICE		1	22. NAME /	MON Fune	ral Home	of I	Oulaney Valley
23. PART I. Enter the diseases, or o shock, or heert failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	a.	SPX	ot anter the m	oda of dying, suci	n as cerdlec or reepl	ratory arres	t, Approximate interval Between Onset and Death
Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	•	S A CONSEQUENCE OF	rufer	of least	Rordis	ear	
rosuling in death) EAST	4		· V				D
PART II. Other significent condition	s contributing to deeth	but not reculting in	the underlying	ng ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F Q ₹₩ER:	PLACE OF DEATH (Che	PERFOR 1 VES 2	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		utpetlent 3 DOA Y 28b. TIME	26. F Nursing Ho OF 28c. IN		PERFOR 1 VES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?, 1 YES X NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/O 28a. OATE OF INJUR (Month, Day, Year	utpetlent 3 DOA Y 29b. TIME NJU	26. F OVER: VALUE OF 28c. IN W	PLACE OF DEATH (Che	PERFOR 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetiant 2 ER/O 28a. OATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, etc. (S)	utpetlant 3 DOA 29b. TIME Y RY — At home, farm, stoectly) owledge, death occurred	26. F Nursing Ho OF 28c. IN W 1 reet, factory, offi	PLACE OF DEATH (Che	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Yown, State)	NO AJURY OCCUP and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number,
PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpettant 2 ER/Or 28a. OATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, etc. (S) CIAN: To the best of my kne R: On the best of axaminat	utpetient 3 DOA Y 28b. TIME INJU RY — At home, farm, st pocify) owledge, death occurred lion and/or investigation	26. F OF 28c. INW M 1 1 rest, factory, offi	PLACE OF DEATH (Che	PERFOR 1 YES 2 State of the Control of the Course of the	MED? NO AJURY OCCUP and Number or ner as stated, d dus to the c	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) MAY 30



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after this certificate be speed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE	OF I	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
	Harry Shiffman								-		996	12:40 P	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les		IF UNDER 1 Y	\rightarrow	IF UNDER 24 HRS.	7 DAT	E OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	218-01-1431	1 🔀 M 2 🗆 F	83	2 YRS.	MONTHS 0	SYA	HOURS MIN.	JA	N. 2,19	914	MAR	LAND	
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TO	OWN OR	LOCATION OF DE						
R	Riverview Nursin	g Centre.	Inc.			ES	SEX					IMORE	
5	RESIDENCE OF DECEDENT	,						_					
DIRECTOR	10e. STATE 10b. COUNT			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
	MARYLAND	BALTIMORE		BALTIMORE							1 TYES 2 TH		
AL	10e. STREET AND NUMBER			101, ZIP CODE						10g. CIT		WHAT COUNTRY?	
FUNERAL	1715 ABERDEEN RO	AD		21234						USA	A		
اج	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED	13. WA	S DECE	NOENT OF HISPAI	NIC ORIG	IN? (Specify Yes	or No-		E — American Indian,	
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	U	1 [YES 2	Ify Cuben, Mexica NO Specifi	in, Puerto y:	Ricen, etc.)			k, White, etc.	
	••	I										MUTIE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		18a. DE6	CEDENT'S L	JSUAL OCCU	JPATION	of working	16	b. KIND OF BUS	INESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)	grodt	a. marining						
d	12			DRIV	ER					TA	ΧI		
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE	MEYER		SHI	FFMAN	Ī .			RE	SA	1	HARAI	NSKY	
	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADORESS (S	treet and	d Number or Rural i	Route Nur	nber, City or Town	, State, Zi	p Code)		
2	MRS. PAT TATAR	(STEP-DAUG					ROAD B						
	2017 METHOD OF DISPOSITION		20b. PLACE A	AND DATE OF DISPOSITION (Name of							City or To		
	1 Buriei 2 Cremelion 3 Rem Donation 5 Other (Specify)	ovel from State	DRU.	ID'RI	DGE							LLE, MD	
	21. BIGHTTUNE OF FUNERAL SERVICE LI	THUTE		22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.									
- 1	IN Wine (D)	Alla.			SOL LEVINSON & BROS., INC.								
\dashv	I MANUEL IL	ulger			8900 REISTERSTOWN ROAD PIKESVILLE, MD :								
ATION	ahock, or heart failure is at only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										Interval Betwee		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
EDICAL	PART II. Other algorificant condition			suiting in	the unde	rlying	ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?			24b.	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME										-		1 YES 2 NO	
ž	DID TOBACCO USE CONTI	RIBUTE TO CAUS	E OF DEAT	TH YES	S I NO		UNCERTAIN	V 🖳					
정	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OF OEATH	I (Check only	_							
Š	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER	I/Outpatient 3		OTHER:	Home	5 Residence	6 Oth	er (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day,)	URY	28b. TIME INJU	OF 28	c. INJUF	RY AT		SCRIBE HOW IN	JURY OC	CURED		
- 10	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, atc.	JURY — At hor (Specify)	ne, farm, st	reel, factory,	office		28f. LOI City	CATION (Street as or Town, State)	nd Number	or Rural R	loute Number,	
COMPLETED		CIAN: To the best of my) and manner as stated.	
	20. SIGNATURE AND TITLE OF SERTIFIER												
8	296. LICENSE NUMBER 296. LICENSE NUMBER DISCE 57 PLY (CL											(MORTIN, Day, Year)	
2	30. NAME AND ADDRESS OF FERSION WHO		F OFATH STEM	27) (Time 1	Print)	-	PITER			3	14	(, p	
						212	2 =						
	DR. MICHAEL SCHWARTZ HAMMONDS LANE 21225 31. DATE FILED (Month, Day, Year) MAY 3 0 1996 Supplies Sup												
!	0.000		#: 5.									DHMH-16 Rev 1	
			1										

State of Maryland / Department of Health and Mental Hygiene

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					Ce	rtifica	ite of	Death			Reg. No.	20	1 0	1 2 7 1
Dhumini		I. Decedant's Name (First, Middle,	Last)							2. Deta of De Month		Yaer	3. Tir	ma ot Death
Physician /Medical		Mary	Irene		Scally	,				May 2			1	1:00 AM
Examiner		a. Facility Name (If not institution,	give street and nu	m <i>ber)</i>				4b. City, Town	, or Loc			nty of Death		
		2722 Cheswo	lde Road					Balti	mor	0		NA		
Funeral	5		S. Sex	7. Aga (In yrs.	last birthdey)		er 1 Yaa	f Undar 24	Hrs.	R Date of Bir	th	9. Birth	piece (S	tate or Foreign
Director	ı	217-20-4465 Usuel Residence of Decedent	1 □ M 2 □ MF	89	Yrs.	Months	s Days	Hours	Min.	May 4,		Cou	intry) RYLAI	
No.	1	0e. Stete 10b. County		10c. Ci	ty, Town or Lo	ocation							10d. Insi	de City Limits
to:	N	MARYLAND N	Α		BALTIM	ORE							X	Yas 2□No
pe notified	1	Oe. Street and Number				10f. Z	ip Coda				10g. Citizen	of Whet Cou	intry?	
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r Items 23.	1	1. Marital Status	12. Was Deci	edent Ever in U	,S. 13.			Hispenic Origin ban, Maxican, F	? (Spec	ify Yes or No		Raca - Amari		an,
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a De		15. Decedent's	Education		16e. Dece	dent's Us	uel Occu	petion			16b. Kind o	Business/Ir	ndustry	
t, the Medical	ŀ	(Specify only highest Elementery/Secondary (0-12)		Ann E.	(Give	kind of w DO NOT	vork done use retin	during most of ed)	f workin	9			11	
## E		12	College (1	-401 5+)	Tea	cher					Educ	ation		
avent, Be C	1	7. Father's Nema (First, Middle, L						18. Mother's	Neme	(First, Middla	Maiden Surr	eme)		
To B		Lawrence	Theodore	Scally				Mara	220	t Byrn	0			
The I		19a. Interment's Neme/Raletionshi		bearry	19b. Meilii	no Addres	ss (Stree	t end Number o				un State Zi	in Code)	
27 ls		Helen S. Bec				_		les Val						20%
d d	2	Oa. Method of Disposition		20b. i					TEY	Data		on - City or T		
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mportant: If iny injury or asse.	13	21. Signature of Separal Service L	panseo (Va	ry				ass of Fecility eral Ho	me (of Dull	anov V	211037	Inc	
2 4 0	1	Bryan	W. Glary					nia Rd.					1110	•
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n: To	2	7. Manner of Deeth	28a. Dete	ot Injury h, Dey Year)	28b. Time of	f	28c. Inju		-		how Injury oc		,	
to the Funeral Director: After completely filled in by the funeral Medical Certification		1 Neturei 5 ☐ Pending 2 ☐ Accident Investiga		n, Dey rear)	Injury	М		Yes 2 No						
1 c = 0		3 Suicida 6 Could no determin	ed 28a Pieca	of Injury - At h	oma, farm, str	reet, tecto	ry, offica		28	Sf. Location (Street and Nu	mber or Ru	al Routa	Number,
ed in by the funer ed in by the funer Certification:		4 Homicide	buildir	ng, atc. (Specif	y)					City or To	wn, Stete)			
completely filled in by the funeral Medical Certification:	2	29a. Certifier 1/17 Certifying	Physicien: To the	best of my kno	wiedne deeth	h occurred	d at the t	ime, dete end n	iece er	nd due to the	couse/s) and	manner ac	etated	
pletely fi			aminer: On the ba	isls of examine	tion and/or In	vestigetio	n, in my	opinion, deeth	occurre	d et the time,	dete end pied	e, end due	o the car	use(s)
M M	2	9b. Signature and title of certifier	and main	viated.	1	20	9c. Licen	se numbar			29d. Dete sig	ned (Month	Dev Ya	er)
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State of Maryland / Department of Health and Mental Hygiene 96 | 5945

						Ce	ertificat	e or L	Jeath		R	eg. No.			
· ·		Decedent's Name (First, Middle, Last)								2	. Dete of Deet	th	viii.	3. Tim	e of Death
Physicia /Medic		Katherine		Si	ttenham						Month May	25	Yeer 1996	3:	30 pm
Examin	-	4a. Fecility Neme (If not In:	stitution, giv	ve street end nu	m <i>ber</i>)			4	b. City, Town	, or Loca	tion of Deeth	4c. Count	y of Deeth		
		Stella Mar	is						Towson	n		Ba1	timo	re	
uneral		5. Sociel Security Number		Sex	7. Age (In yrs.	last birthday	/) If Under Months		If Under 24 Hours	Hrs. 8	B. Date of Birth (Month, Dey,	Vaarl	9. Birth	piece (Ste	ete or Foreig
rector		220-40-8045		1□M 2፟∭ F	92	Yrs.	WOITINS	Deys	riouis		June 30	,1903	Illi	inois	3
		Usual Residence of Deced			10.00										
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5 8	Director	10e. Street and Number					10f. Zip	Code			1	0g. Citizen of	What Cou	ntry?	
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Important: if Item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	Funeral	11. Merital Status		12. Wes Dec Armed Fo	edent Ever in U, prces?	S. 13.	Wes Deced	dent of Hi	spanic Origin n, Mexican, F	? (Speci Puerto Ri	fy Yes or No- can, etc.)		ce - Americ		n,
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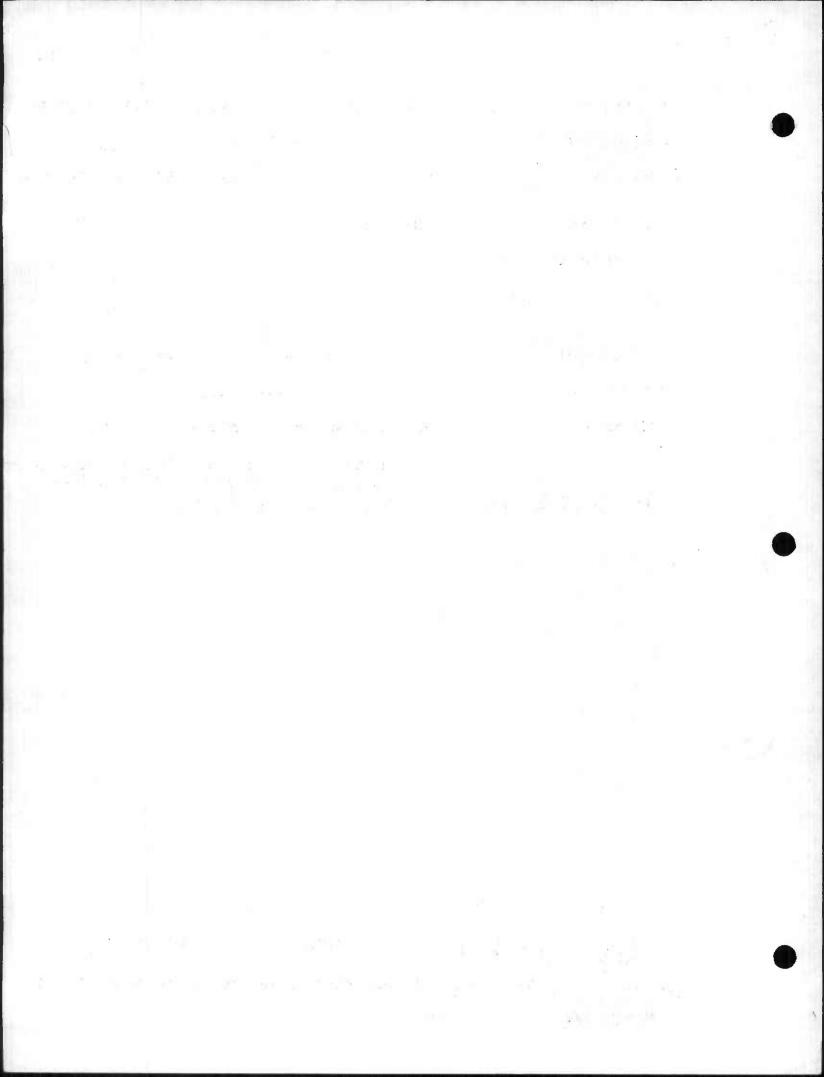
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	permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Health and Mental Hygiane. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other trsumatic event, the Medical Examiner must be notified at once.	ctor	10a. Stata 10b. County Maryland Montg	omery		y, Town or Lo ethes							1	10d. Inside City Limits 1 ☐ Yas 2 🛣 No
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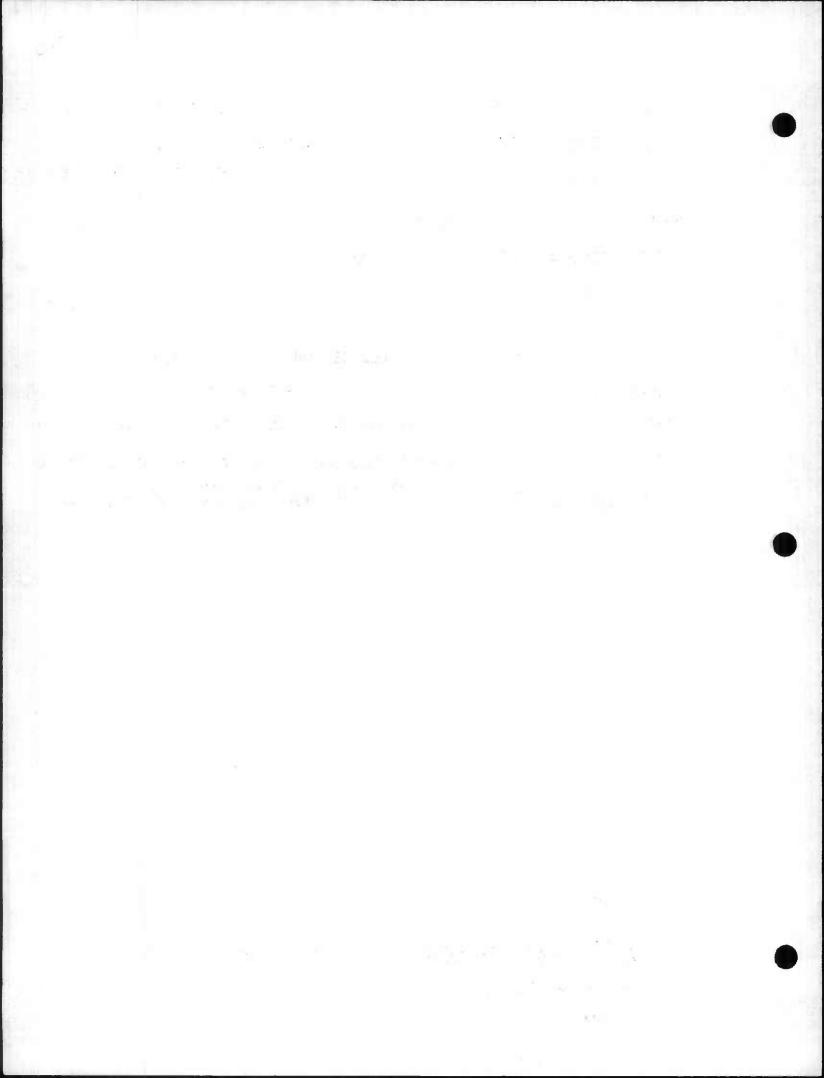
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1	5		30. Name and address of person who	completed cause				Stre	et, Ba	ltimore	e, Mary	land	21	201



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re,	f Hea f Hea tem		20a. Mathod of Disposition				sition (Neme			Dete	1		City or Tov			
Baltimore,	Part in		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify 21. Signature of Funaral Service Licen)		LAWN	CEMET	ERY		5/20/96			RE, N	MARYLAND		
Ba	permit. Departr Importu		ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217													
			23a. Part1. Entar the disease, or comp shock, or head feilure. List only	olications that caused	tha death. D							MAKTE		Approximata Intervai Between		
68760,	requires that the death cartificate be executed seen signed by the attending physician and hould be datached for usa as the burial-transit	edical Examiner	Immediete Cause (Final diseese or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediete cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Last	b	Due to (or es	e conseq	uance of):									
Box	fes thet tha death cartifica signed by the attending pl d be datached for usa as I	Physician/Mec	d													
P.O.	tha de	hysi	Part II. Other significant conditions of	ontributing to death bu	it not rasulting	g in tha ur	ndarlying cau	sa giv	en in Part I.			co usa coi 2⊟No		the cause of death? ably 4 ☐ Unknowi		
S, P	thet ned b	by P	CHF / E	slocar	1.4	5	110	>		. 1	_ Tes	ZETNO	3 Prob	abiy 4 Onknowi		
Records	ysician: Tha law requifer s certificata hes been sig director, paga 2 should b	Completed b								24a. Wa	s an eut formed?		ava	re eutopsy findings lieble prior to apletion of cause eath?		
	ata h paga	Com								1 🗆] Yas	2 1 No	1 🗆	Yes 2010		
ita	certificata rector, pag	Be (25. Wes case referred to medical examiner?						26. Place of De	eth (Check only	one)					
of Vital		2	1 Yes 22 No	Hospitel: 1 Inpatie		Outpatien			4 LI Nursing	Home 50 Te	sidence	8 🗆 Oth	er (Specify)		
Division o	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi complately filled in by tha funeral	Certification:	27. Menner of Deeth 1 Naturel 2 Accident 3 Sulcide 4 Homlcide 2 Homlcide	1	ıry - At home,	farm, stre	М		yet k? Yes 2 □ No	28d. Describe how Injury occurred						
	To the Hospital c within 24 hours at To the Funeral D complately filled I	Medical Ce	29e. Certifier (Check only one) 29e. Medical Exam	ysician: To the best of iner: On the basis of and mannar ste	axaminetion	lge, deeth and/or inv	occurred et estigation, in	the tin	ne, dete and plea pinion, deeth occ	e, end due to th urred et the time	e ceuse e, date e	(s) end me	enner es ste end due to	eted. the cause(s)		
	of the of	Me	29b. Signatura and titla of cartifier	and mainial s(8			29c. I	icens	e number		29d. D	Date signe	d (Month, D	Dey, Year)		
	6		Donel	I Bo	esd	2		> =	3635	3	_	5/10	5/2	6		
	1		30. Nema and eddress of person who of	Pa Ha	eath (Item 23)	a) (Type, I	Print)	7	19	alti.	no	ر سوس	CI	6 2121		
	Sta Regista		31. Data filled (Month, Dey, Year) MAY 3 0 1996	12 ia Davidson	r's Signeture	<u> </u>										



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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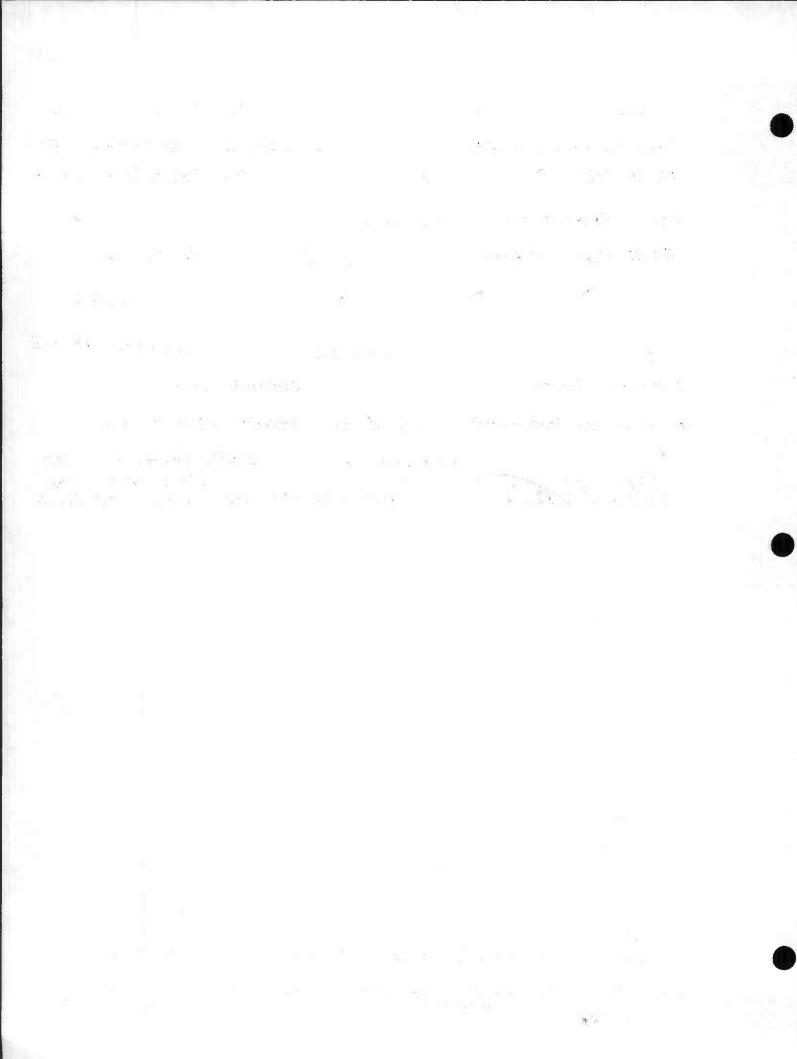
_					Certi	ilicate of	Dealli		Reg. No.		
	Physic /Medi		Decedent's Neme (First, Middla, Last) BEATRICE E. SNOWDE	N					/96	Yeer	3. Time of Deeth
	Exami Funeral Director		164 12 8378 1□M 2∰F 8		st birthday)	05 If Undar 1 Yee Months Day		RE 8. Dete of Bi	BALTO	. CIT	Y lace (Steta or Foreign try) MD.
П	pu *		Usual Residence of Decedent 10a. Stata 10b. County	100 City	Town or Loca	tion		•		14	
	Se-f show	Director	MD. BALTO. CITY		TIMORE	tion					0d. Insida City Limits
	vith ti	급	10e. Street and Number			10f. Zip Code			10g. Citizen of 1	Whet Coun	try?
	8 234	erai	1600 MT. ROYAL AVE. APT. 11. Marital Status 12. Wes Decedent	1505		212		Tacife Van er Bl	USA	e - America	on Indian
020	s 1 end 2 should be filed within 72 hours effer deeth with the Meryland Heelth and Mentel Hygiene. tem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evantiner must be northed at	by Funeral	1 Never Merried 2 Married 1 1 4 Sec 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			es, specify Cu	Hispenic Origin? (S iben, Mexican, Puari o Specify:	to Rican, atc.)		ck, White, o	etc.
2-0	72 ho	ted	15. Decedent's Education (Specify only highest grade completed)		16a. Deceder	nt's Usuel Occ	upetion	-	16b. Kind ot B	usinass/Ind	lustry
Maryland 21215-0020	filed within 7 Hygiene. other than "r ant, tre Mod	Completed	Elemantary/Secondary (0-12) College (1-4or 5	i+)	HOMEM		a during most of wo	rking	НОМ	E	
pur	tel Hy d oth	Be	17. Fether's Neme (First, Middla, Last)				18. Mothar's Ner		ACCURACY OF A SECOND	ne)	
ryla	should be nd Mentel merked o	To	100 100 100 100 100 100 100 100 100 100		401 44 111	* IV - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	ANNIE		UGLAS		-177
Ma	d 2 shoth and 7 is me traum		19a. Intorment's Neme/Reletionship (Type, Print) SHIRLEY ROBINSON DAUGHTE	D			etend Number or Ri AL AVE, BA				
ē,	Heelth Heelth Tem 27		20e: Method of Disposition	20b. Ple	ce of Disposit	ion (Neme of		Dete Dete	20c. Location		
OE	ant of mr. H. H. H. Y. Or.		1 ☐ Buriel 2 ☐ Cramation 3 ☐ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify)		-11	tory or other p			DALTIM	ODE	MD
Baltimore,	permit. Peges 1 end Department of Heelth Important: If Nem 27 any Injury or other to once.		21. Signatura of Funerel Sarvice Licensee	_NEW_		Neme end Add	5/25/96 ress of Fecility		BALTIM		עוף).
Ö	Deper Sany Is		I (Sul M est	0	E	STEP BE	ROTHERS FL	JNERAL H	IOME P.A		_
	1		23a. Pert1. Enter tha disease, or complications that caused shock, of neer tellure. List only one ceuse on each list	the death.	Do not antar	1300 EU tha moda of d	ying, such as cardia	SALTIMOR c or raspiretory e	E MD.	2121	Approximata Intervel Between
68760,	Certificate be executed ding physician and isse as the buriel-transit	n/Medical Examiner	Immedleta Ceuse (Finel disaese or condition resulting in daeth) Sequantially list conditions, if eny, leading to immedleta cause. Enter Undarfying Ceuse (Diseesa or Injury thet initieted events resulting in deeth) Last	Dua to (or a	as a conseque as a conseque	ence of):	farluse dio Vasa	ulas D	isense		
XO		N/	d								
P.O. B	t the deeth by the atte	Physicia	Pert II. Other significant conditions contributing to death be	given in Part I.	23b. Dld	the cause of death?					
S, F	gned be de	by P	History of Meningiona Po	nam							
Division of Vital Records,	The law requires thet the deeth ate has been signed by the atte page 2 should be detached for	Completed						24a. Wes	s en eutopsy ormed?	ava	ore eutopsy tindings allable prior to appletion of ceuse death?
H		Com						10	Yas 2 No	10	Yes 2 No
/ita	Iclan: The	Be	25. Was case reterred to medical axarpiner?				28. Place of Dec	eth (Check only)	one)		
1	100	2	1 ☐ Yes 2 ☐ No Hospitel: 1 ☐ Inpatie		R/Outpatient	3LI DOA		F	idence 6 □Oth)
sion (Certification:	27. Menner of Death 1 Waturel 5 Pending 2 Accident Invastigation 3 Sulcide 6 Could not be	Year)	28b. Time of Injury		☐ Yes 2 ☐ No		how Injury occur		
D V	offer of Direct of In by	ertifi	4 Homicide determined determined	ury - At hom :. (Specify)	ne, tarm, stree	t, tactory, office	9		(Street and Numb wn, Stete)	ber or Rura	l Route Number,
	To the Hospital or within 24 hours efter To the Funeral Director Completely filled in the complete of the comp	edical C	29a. Certifier (Check only one) 1 Certifying Physician: To the best of the pe	examinetio	edge, deeth o on end/or Inves	ccurred et the stigetion, in my	time, dete end place opinion, deeth occu	, end due to the irred et the time,	ceusa(s) and modete end plece,	anner as st end dua to	eted. the causa(s)
	To the To the comp	Me	29b. Signature and title of certifier Solung			29c. Lice	175 3 7		29d. Dete signa 5 - 2		
,	12		30. Name and eddress of person who completed ceusa of d DARSHAN. S. SALU/A MD	aath (Item 2	23e) (Type, Pri						
	Sta Registi		31. Dete tiled (Month, Dey, Year) MAY 3 0 1996				7				

State of Maryland / Department of Health and Mental Hygiene 96

						eniiicate o	t Death		Reg. No.							
	Physic /Medi		Decedent's Neme (First, Middle, L. CHARLES	est) STEWAR	T	n		2. Dete of D Month MAY 2	Dey 7,1996	Year	3. Time of Death					
	Exami		4e. Fecility Neme (If not Institution, gi	ve street end number)			4b. City, Town, or	Location of Dea	th 4c. County	of Death						
			THE JOHNS HOPKIN	NS HOSPITAL			BALTIMOR	E CITY	BALT	MORE	CITY					
	Funeral				In yrs. last birthda	y) If Under 1 Yes	If Under 24 Hrs	O Date of B	Cath.							
	Director		409-20-7867	1 ™ M 2□ F	70 Yrs.	Months Day	Hours Min.	AUGUS	Pay. Year) 29 1925	Country	ca (Stete or Foreign					
			Usuel Residence of Decedent		10			FP0 40	2,112	W - 21 A	ייוטוועווי					
	land		10a. Stete 10b. County	1	Oc. City, Town or	Location				10d	d. Inside City Limits					
	Ba-f ah	ctor	MD BALTO	CITY	BALTI	MORE					NZYes 2□No					
	s 1 and 2 should be filed within 72 hours after death with the Manyland if Health and Mentel Hyglena. Item 27 is marked other than "natural", or itams 23s or 28s-f show other traumatic avent, the Medical Examiner must be notified at	Funeral Director	714 N. Port	STREET		10f. Zip Code	205		10g. Citizen of 1	STATE	-					
	ee E	Dec	11. Meritel Stetus	12. Wes Decedent Eve Armed Forcas?	er in U,S. 13	. Wes Decedent o	f Hispenic Origin? (Suben, Mexican, Puer	pecify Yes or N	14. Rec	e - American						
21215-0020	72 hours after natural", or its	by Fu	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Yeer or Detes:		1 ☐ Yes 2 N		o rican, etc.)		ck, White, etc.						
0	2 ho	2	15. Decedent's E	ducation	16a. Dec	edent's Usuel Occ	cupetion		16b. Kind of B	usiness/Indu	stry					
72	In 7	Completed	(Specify only highest gr		(Git	re kind of work dor . DO NOT use reti	ne during most of wo ired)	rking			PRODUCE					
2	within lena. then the	E	Elementary/Secondery (0-12)	College (1-4or 5+)		LABORD	ER		MHOLES	ACC	produce					
	Hyg ther		17. Fether's Neme (First, Middle, Las	t)			18. Mother's Ne	ne (First, Midd	le, Meiden Sumen	ne)						
Maryland	should be filed with nd Mentel Hyglena, marked other ther umatic avant, tre	Be C	WILLIAM SMI				BERT		EE							
2	I Me	P			1					-1174						
Va	2 sho		19e. Informent's Neme/Reletionship		19b. Me	iling Address (Stre	et end Number or R				_					
	Health em 27 i		MILDRED STEWA	ART-WIFE	714	N: FOR	T STRA	ST B	HITO, MD	2120	3					
Baltimore,	of Herritan		20e. Method of Disposition		20b. Pleca of Dis cemetery, cr	position (Neme of emetory or other p	olece)	Dete	20c. Location -							
Ĕ	Peges nent of I nent: If ite ary or of		1 Burial 2 ☐ Cremetion 3 [4 ☐ Donetion 5 ☐ Other (Speci	JHemovel from State	KINE M	EM. PK		5/31/96	RANDALL	STOW.	N, MD					
E	Dermit. Peges 1 and Department of Health Important: If Item 27 any injury or other to anges.		21. Signature of Funerel Service Lica			22. Neme end Add	dress of Fecility		270 FRED	HILTON	J Pace					
B	Departri Departri Imports any inju		Value 1 ms	10. 1				EC								
			23e. Pert 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,													
	Physician /Medical Examiner		shock, or heert feilure. List only Immediate Cause (Final disease or condition resulting in death)	e. CEREB	Ro VASCO	var A	Ecisent			3	Approximete Interval Between Onset and Deeth					
		9		Du	e to (or es e cons	equence of):				i						
	pe tisu	Examiner		b. ————			·			i						
-1	H-fra	xai	Sequentially list conditions, if env, leeding to immediate	Du	e to (or es e cons	equence of):				į						
80	hysicanamit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C												
687	certificet be nding physicals as the bu	Medical	thet initieted events resulting in deeth) Lest	Due	e to (or es e cons	equence of):										
9	certifice iding ph	Me		L.												
XO				d						1						
0	as that the deeth igned by the etter be detached for u	Physicial	Pert II. Other significant conditions	contributing to death but n	ot resulting in the	underlying cause	given in Pert I.	23b. DI	d tobacco use co	ntribute to ti	he cause of death?					
0	that the ed by th detache	hys		^		, ,		10	Yee 2□ No	3 ☐ Probal	bly 42 Onknow					
٣.	the del	by P	MEROSCIERONC	USERSE					3.00 20.00							
Records,	.= w T							24a. We	s en eutopsy	24b. Were	e eutopsy findings					
Ö	been s	ete							formed?	comp	able prior to pletion of cause					
ě	8 00 N	ldu								of de	eth?					
=	E # 8	Completed						10	Yes 2000	101	Yes 20 No					
of Vital	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical exeminer?				26. Plece of De	eth (Check only	one)							
2	2 00	To I	1 ☐ Yes Z No	Hospitel:	2 ER/Outpati	ent 3 DOA	Other: 4 Nursing F	lome 5□Re	sidence 6 Oth	er (Specify)						
	Physe seral di		27. Manner of Death	28a. Dete of Injury	28b. Time				how Injury occur							
Division	ding I th. After a funer	tho	1 Accident 5 Pending Investigetion	(Month, Day Yo	ear) Injury		Yes 2 □ No									
S	or Attending Phatier death. Director: After thi	Certification:	3 ☐ Suicide 6 ☐ Could not b	28e. Plece of Injury	- At home ferm	street fectory offic	ya	28f. Location	(Street end Numb	er or Rural F	Poute Number.					
<u> </u>	크를들트	Ţ	4 Homicide	building, etc. (ott dott, rootory, ome			own, Stete)		,					
_	is a le															
	the sty find	edical	(Check only 2 Medical Exa	hysician: To the best of m miner: On the basis of ex	ny knowledge, dec aminetion end/or	eth occurred et the	time, dete end place	e, end due to the	e ceuse(s) end me	enner as stet	ed. ne ceuse(s)					
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in		one)	end manner steted			,		, 2 piood,							
	To t To t	Σ	29b. Signeture and title of cartifier			29c. Lice	nse number		29d. Dete signe	d (Month, Da	ly, Year)					
	/		12 y 41	up Dann F	Kone M	P	12080		MNOS	1001						
			30 Name and address of Tony 12		h (Hom One) T	Drint\	00.0		1141121	116						
			30. Name end eddress of person who	Completed cause of deet	n (nem 238) (Typ	e, Print)	60011	61	6	D						
			CHALO 1. LOUR MO	over 160 Jon	THE SECTION	BHOSAM	W Noven	y overte	MEET	Баспт	we.					
			31 Date filed (Month Day Veer)	# # # #D Consistence	TERROLES WITTER				Statement.	200 7/	757					

Registrar

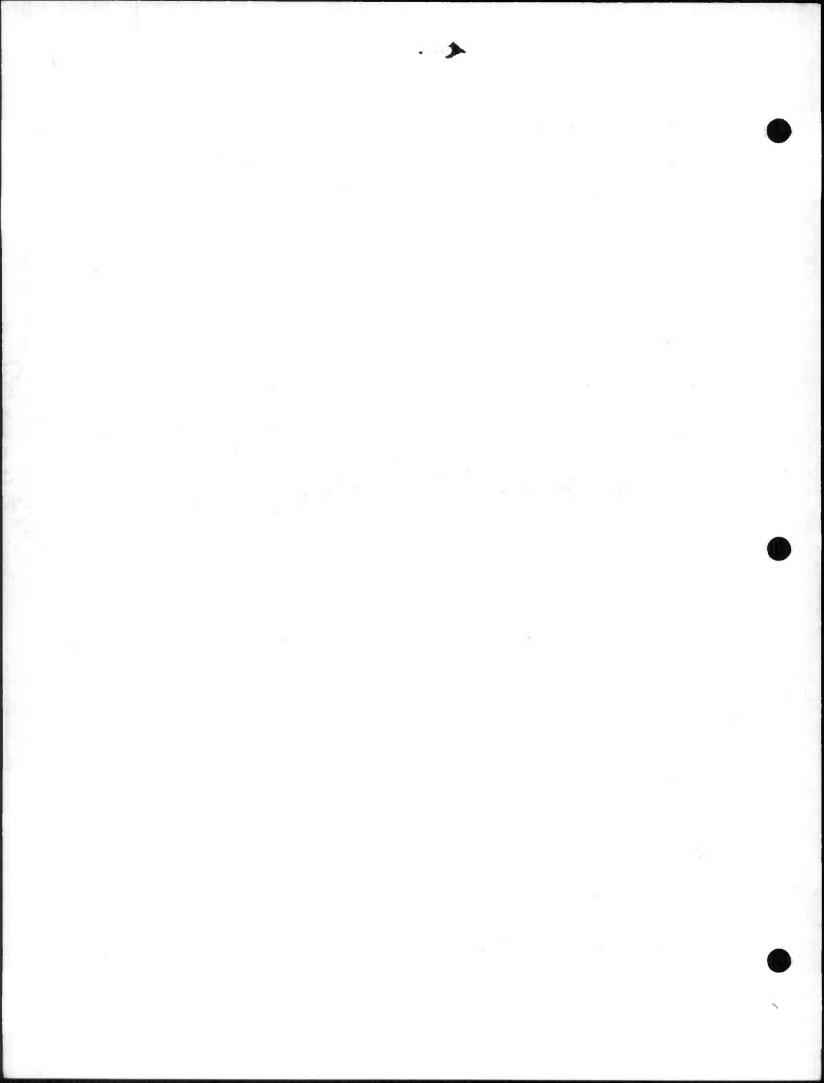
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ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page is may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	60	s is morded or item 23 chaus our infine as other fraumotic areast the medical eventings much he entitled of each
HOSPITAL OR A	FUNERAL DIRECTOR: Aft	iled within 72 hours after death	MDOOTANT If Hem 29 is marked
TO THE	TO THE	be filed	MON

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTING			MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			TIME OF DEATH	
	Anna Josephine S	mith				May May	23,	199	6	6:30 P.M	
		SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	E BIRTH	6	BIRTHPL	ACE (State or Foreign	
	219-38-8106 1 9a. FACILITY NAME (If not institution, give stree	M 2 X F 8	/ YRS.	DAYS DAYS	HOURS MIN.		24, 1	908]		city,Md.	
DIRECTOR	Cardinal Shehan Ce				rson					ore Co.	
EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10	d. INSIDE CITY	
	Maryland Bal	Ltimore Co.			keysvill	е				LIMITS? YES 2 XNO	
RA	12 G Beehive Plac	"		100	21030						
FUNERAL	12 G Beehive Place 21030 United State 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — American										
BY FL	IF YES, GIVE WAR OR DATES 1 VES 2V NO Specific										
ED B		101		<u> </u>						White	
	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	16a. DECEDENT'S US (Give kind of worl life. Do NOT use n	done during mo		16b.	KIND OF BUS	SINESS/INDU	STRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		100	etitian		LI	ospita	-1		
MO	17. FATHER'S NAME (First, Middle, Last)		UDOTO	anc Di	18. MOTHER'S NA	MF (First M		_	31.		
	Frank J. Shaller				Catheri			Cornamay			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AL	DRESS (Street a	nd Number or Rural I			n. State. Zip C	(ode)		
2	David C. Smith (Gra	andson)			ll Drive					yland21030	
	20a. METHOD OF DISPOSITION 1 □ Burtal 2X□ Cremation 3 □ Remove	20b. F	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE	20c. LO	CATION — CI	fy or Town	, Steta	
	4 Donation 5 Other (Specify)	Hi.	Litop Ser			/24/9	6 Tow	son, N	Maryl	and 21204	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Jeffrey 1	L. Gair	Ruck	TOWSON F	unera	al Hom	e, In	c.		
	4 1100	7000		1050	York Roa	id To	wson,	Mary	land	21204	
	23. PART I. Enter the diseases, or con ahock, or heart fallure. Lis IMMEDIATE CAUSE (Final	at only one ceuse on sec	ch line.					ratory arres	st,	Approximete interval Batween Onset and Desth	
	disease or condition resulting in death) a.	DUE TO (OR AS A C	cordi.	· (]	in force	Kien					
		DUÉ TO (OR AS A (CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):								
CAT	If any, leeding to immediate cause. Enter UNDERLYING										
Ĕ	thet initieted events	DUE TO (OR AS A	CONSEQUENCE OF):								
E	resulting in death) LAST										
	PART II. Other eignificent conditions	contributing to death by	t not regulting in	the underlyin	ceuse given in	Part I.	24a, WAS AN	ALITOPSY	24b. W	ERE AUTOPSY FINDINGS	
CAL		Danaster					PERFOR	MED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE	
MEDIC						-	1 TYES 2	1300		F DEATH?	
2	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	NO E	UNCERTAI	ΝП			1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEATH								
Sic		HOSPITAL:	tient 3 DOA 4	THER:	e 5 🗆 Raaldence	8 Other	(Specify)				
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME (OF 28c, IN.	URY AT		CRIBE HOW I	NJURY OCCU	JRED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	RULMI		PRK? YES 2 NO						
9	3 Suicida 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY - building, atc. (Specif	At home, farm, stre	et, factory, offic	•		TION (Street or Town, State)		r Rural Rou	ite Number,	
	29a. CERTIFIER			Colores VIII 14.							
COMPLET	Chrick only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beat of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					fonth, Day, Year)	
H	mn	to an)		122	-42		1	124	(90	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pi	rint)	->-	- 0	1		1		
- 1	INAKK ST	romb	era	79	505		15.	er	DI		
	31. DATE FILED (Month, Day, Year)	32: REGISTRAR'S SIGNA		t							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Physici /Medic Examin					Certificate	oi Dealli	Re	g. No.				
/Medic		1. Decedent's Name (First, Middle, L	ast)		1.0		2. Dete of Deet			3. Time of D		
		June	R.	Smith	1		Month	23 1	996	6:30 E		
		4a. Fecility Neme (If not Institution, gi	ive street end number)			4b. City, Town, or		4c. County				
		Dulaney Towson N	Jursing Home	е		Towson		Balt	imore			
Funeral		5. Sociel Security Number 8.	Sex 7. Age	(In yrs. lest bir				Vacal	9. Birthplac	ce (Stete or F		
Director		187-09-5577 Usuel Residence of Decedent	1□M 2KIF	80	Yrs. Months	Deys Hours Min.	(Month, Dey, Aug. 17	, 1915	Country	Md.		
yland		10a. Stete 10b. County		10c. City, Town	or Location				10d	Inside City		
Mer la st	ğ	Md. Baltimore Perry Hall								1 ☐ Yes 2		
r 28	Director	10e. Street end Number			10f. Zip C	ode	1	0g. Citizen of V	Vhet Country	17		
3a o									۸.			
deetl ms 2	Funeral	11. Maritel Stetus	12. Wes Decedent E	ver in U,S.	13. Wes Deceder	nt of Hispenic Origin? (S	pecify Yes or No-		e - Americen			
Maryland 21215-0020 d 2 should be filed within 72 hours efter deeth with the Meryland th and Mental Hygiene. The marked other than "natural", or items 23a or 28a-f show treurmatic event, the Medical Examiner must be notified as		1 ☐ Never Merried 2 ☐ Merried 3 € Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:	0		Cuben, Mexican, Puer No Specify:	to Rican, etc.)	Specify	k, White, etc Whi			
2 ho	ted	15. Decedent's E		16a.	Decedent's Usuei			16b. Kind of Bu	siness/Indus	stry		
thin 7	Completed	(Specify only highest gi Elementery/Secondery (0-12)	rede completed) College (1-4or 5-	+)	(Give kind of work life. DO NOT use	done during most of wo retired)	rking					
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office of the	Bec	17. Fether's Neme (First, Middle, Las	ot)			18. Mother's Na	me (First, Middle, A	leiden Surnem	e)			
lenta ked ked ic e	ToB	Charles		Rhineh	art	Lydia			Stev	ens		
permit. Peges 1 and 2 should be 1 Department of Health and Mental I Important: If item 27 is marked or any finjury or other treumatic eve once.	-	19e. Informent's Neme/Reletionship	(Type, Print)	19b	Meiling Address (Street and Number or R	ural Route Number	City or Town,	Stete, Zip Co	ode)		
nd 2 lith a 27 ls		J. Stevens Smith		1		ood Rd. Apt						
Hear tem		20a. Method of Disposition		20b. Plece of	Disposition (Neme	of	Dete :	20c. Locetion -	City or Town	n, Stete		
ant of the H		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Special			y, cremetory or oth	. ,	- 100 100					
nitme		21. Signature of Funeral Service Line	**	Parkw	ood Cemet	ery	5/28/96	Parkvi	Lie, M	a.		
Depa Impo any is		TI IN	On RE			owson Fune	ral Home,	Inc.				
		Charlet To	200	-	1050 Y	ork Rd. To	wson, Md.	21204				
		23a. Pert1. Enter the diseese, or con shock, or heart failure. List only	nplications thet caused y one ceuse on eech line	the deeth. Do r e.	not enter the mode	of dying, such es cerdie	c or respiretory erre	est,	le le	pproximete iterval Betwe		
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/Medical Examiner		Immediate Cause (Final disease or condition	, 6	60	1300	16 10	luns	9116	Me			
Examine:	U	resulting in deeth)	~ [Due to (or es e	consequence of):	7		7	i			
D #	Examiner	_	13	eh.	dru	west						
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Physician: r this certific rrel director,	70	examiner? 1 ☐ Yes 2 No	Hospitei:	nt 2 ER/Ou	tpatient 3□ DOA	Other: 4 Nursing H	fome 5 ☐ Reside	nca 8 DOth	er (Specify)			
	L.	27. Menner of Death	28a. Date of Injury (Month, Dey	-		Injury at Work?	28d. Describe ho					
5 5 5	tlo	1. Naturel 5 ☐ Pending investigation		Year) II	njury M	Work7 1 ☐ Yes 2 ☐ No						
F. F. B	Certification:	3 ☐ Suicide 6 ☐ Couid not I		ry - At home, fa	rm, street, fectory, o	office	28f. Location (St.	reet and Numb	er or Rural R	Route Numbe		
Attendir death. ctor: Af y the fu	린	4 Homicide	building, efc.	(Specify)			City or Town	, Stete)				
f or Attending after death. Director: After I in by the fune	0		hyelclan: To the best of miner: On the besis of	examination end	, deeth occurred et Vor investigetion, in	the time, dete end plece my opinion, deeth occu	e, end due to the ce arred et the time, de	euse(s) end me ete end piece, e	nner es stete end due to th	ed. ne cause(s)		
Hospital or Attendir 2 Deurs affer death. 5 Funelita Director: Afetely filled in by the fu		29a. Certifier (Check only one) 1 Certifying Pl 2 Medical Exa					20	ad Data data				
o the Hospital or Attendition 2. The Table 2. The Cost. of the Fundar Director: All ampletely filled in by the fu	Medical Ce	(Check only 2 Medical Exa-	and manner stet		29c. l	icense number		a. Dete signer	d (Month, Da	y, Year)		
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To the Hospital or Attendity within 2 years after death. To the Furnish Director, All completely filled in by the fu	edical	(Check only 2 Medical Exa		ا			23	5	281	y, Year)		
To the Hospital or Attending within 28 quarts started eath. To the Fure for Director, Alea completely filled in by the fune	edical	(Check only 2 Medical Exa 29b. Signeture and title of certifier 30. Name and address of person who	o completed ceuse of de	eth (Item 23a) (R.11.	ed. Dete signe	28	y, Year)		
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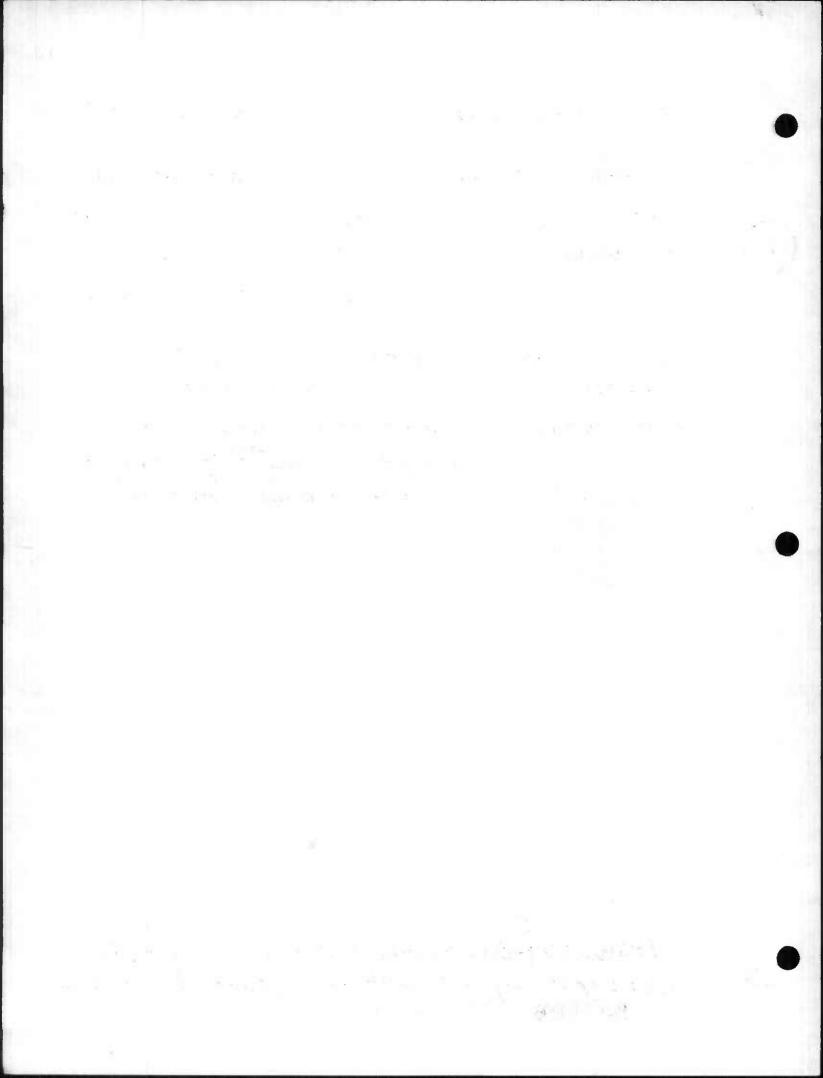
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State of Maryland / Department of Health and Mental Hygiene

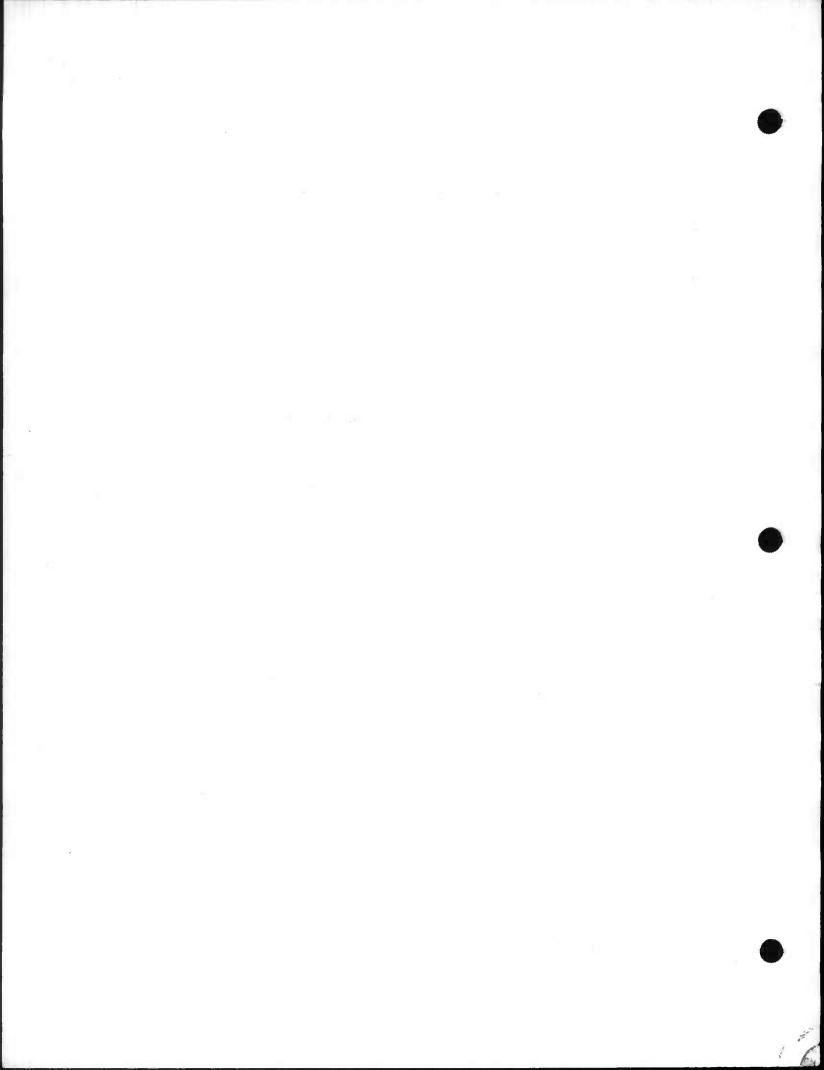
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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Year 7:41 P WILLIE LEE MAY 24. /Medical SCALES 96 4e. Facility Neme (If not institution, give street end number 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Home If Under 1 Year If Under 24 Hrs. Nursing TRUSIS Birthplece (Stete or Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) **Funeral** Deys Hours Min. 1□M **3**☐F Yrs 422-30-8416 Director 86 jul 28, 1909 AL Usuei Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits MD XYes 2 No Director N/A BALTO 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1634 CARSWELL ST 21218 U.S.A Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merrled 1 ☐ Yes 2 No If Yes, Give Year or Detes: Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ Specify: BLACK 3 ₩ Widowed 4 Divorced Completed 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within intent of Health and Menial Hygleno. ant: If item 27 is marked other than "I ury or other traumatic event, the Mes College (1-4or 5+) Elementery/Secondery (0-12) LAUNDRY 7th N/A DOMESTIC 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be WILL SMITH NANCY UNKNOWN 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) CLIFFORD SANDERS 1634 CARSWELL ST BALTO, MD 21218 Baltimore, 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete MAY31, Department Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) LIBERTY SPECIAL CARE1996 TUSCALOSSA, AL 22. Name end Address of Fecility BETTS 21. Signeture of Funeral Service License FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 ECIA 23a. Pent1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or hear feilure. List only one cause on each line. Approximete Intervei Between Onset end Deeth **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical Examiner Examiner The law requires that the death certificate be axecuted Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In deeth) Lest burial-tran Due to (or es e consequence of) Box 68760. physician Physician/Medical es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contributs to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown Division of Vital Records, p 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed certificate has 1 Yes 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2€ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funerei 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending investigetion 1 DNaturel 1 ☐ Yes 2 ☐ No of or Attendi effector: A l Director: A d in by the fi 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) filled in by 4 D Homicide To the Hospital c within 24 hours of To the Funeral D 29e. Certifier 🕊 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted. Medical (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) epd-manner stated. YORK RD, BARTIMORE, MD State

Registrar



		1 - FOR STATE REGISTRAR	ATE OF MARYLAN		TMENT OF H		MENTAL HYGIEN	IE	10304			
		1. DECEDENT'S NAME (First, Middle, Last)	1	02.11.11	IOAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
		Vames Spa	rKr				MONTH D		96 19155 PM			
70		4. SOCIAL SECURITY NUMBER 5. SE		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign Country)			
P			M 2 □ F 85	YRS.	MONTHS DAYS	HOURS MIN.	JUN 24, 1	910 N	Maryland			
, 2, 3 should	DIRECTOR	90. FACILITY NAME (If not institution, give street and Union Memor	ial Hosp	ital	96. CITY, TOWN O	TE LOCATION OF D	re City	9c. COUNTY	OF DEATH			
ges 1	SE SE	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION	- +		10d. INSIDE CITY			
permit. Pages	FUNERAL DIS	Maryland N/A		В	altimore				LIMITS?			
		10e. STREET AND NUMBER		ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?					
020 physician. burial-transit		3426 Erdman Avenue				21213		Unite	ed States			
20 ysłcia rrial-tr			AS DECEDENT EVER IN U.S DRCES? 1 YES 2		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14	. RACE — American Indian, Black, White, etc.			
15-0020 ending physic as the burial	BY		YES, GIVE WAR OR DATES		1 TES	2 NO Speci	Snacilly:					
	ED !	15. DECEDENT'S EDUCATION							Black			
or att		(Specify only highest grade complete	led)	(Give kind of v	vork done durina mo	st of working	16b. KIND OF BU	SINESS/INDUS	TRY			
ND 21 hospital or ached for u	P	5th	ge (1-4 or 8+)	JAN:	ITOR		MAIN	TENANC	F			
the hospit detached once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden					
3 E &	ш	James Sparks				Mary S						
MARY retained by 5 should by notified a	10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS: Ki		Route Number, City or Yow	n, Stete, Zip Co	ode)			
> = 0	F	Elizabeth Thornton		4809 I	Kimberly	Road, B	altimore,	MD 212	12			
TE S E		20e. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal fro	om State 20b. PL	ACE AND DATE O	OF DISPOSITION (Na	me of			y or Town, State			
ath. Page 6 may neral director, pr		4 Donation 5 Other (Specify)	BA	LTIMORE	CEME.			LTIMOR	E, MARYLAND			
ALIIN death. Pag funeral di examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE				Funeral						
the fur dead the fur dead wal.		Diman & Minan 1101 E. North Avenue, Baltimore, MD 21202										
a PE 3		23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellium. List only one cause on each line. Approximate Interval Between										
24 hours filled in on, or re		IMMEDIATE CAUSE (Final							Onset and Death			
~ 23 44		disease or condition resulting in death)	METABLE DUE TO (OR AS A CO	OLIC	ACIDO	515			2 days			
B 6 4 8					7):				2 days			
and and bur matter	CATION	Sequentially list conditions, b.	SEPSI		a.				5 days			
o cian	₩.	If any, leading to immediate cause. Enter UNDERLYING										
ertifical phy giene	RTIFIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
F Hand	CERI	reaulting in deeth) LAST										
0 5 5	2	PART II. Other significent conditions cont	ributing to death but r	not resulting i	n the underlying	Cause given in	Part I 24s WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS			
	EDICA		ardiomyop		Como	ani Al	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
requires that requires that een signed by of Health an	MED	District Acute 1	Renal Pail	INP	001011	my III	TY 1 VES 2	□ NO	OF DEATH?			
law requals been bept. of 23 sh		DID TOBACCO USE CONTRIBUT		DEATH YE	S I NO I	UNCERTAI	NП		1 - YES 2 NO			
V: The law cate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. 1		H (Check only one)				L			
SICIAN: The la certificate has the State Der to or Item 23,	Sic	A T was a before	PITAL: patient 2 ER/Outpatier	nt 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)					
PHYSICIAN: this certifical with the St riked, or It	РНУ	A.d.	8a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		JRY AT RK?	28d. DESCRIBE HOW II	NJURY OCCUR	DED			
DING PHYS After this death with	BY	1 Natural 5 Pending 2 Accident Investigation			M 1 7	ES 2 NO						
ATTENDING ECTOR: After s after death	8	3 Sutcide 6 Could not be 4 Homicide determined	Se. PLACE OF INJURY — / building, etc. (Specify)	At home, farm, a	treet, factory, office		28f. LOCATION (Street e City or Town, State)	nd Number or F	Rural Route Number,			
OR ATTENDING DIRECTOR: After hours after death item 28 is ma												
로 보고 =	MP	(Check only										
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	COMPLET	2 MEDICAL EXAMINER: On th	re pesis of exemination and	Wor Investigation	n, in my opinion, da	ath occured at the	time, date end place, an	d dua to the ca	Buse(s) and manner as stated.			
POR POR	H	296. SIGNATURE AND TITLE OF CERTIFIER	MIA			29c. LICENSE NUI	ABER	29d. DATE SI	GNED (Month, Day, Year)			
₽ ₽ ₽ ₹	2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH	ATEM OF A	Por(cel)	AT 2438	746	MA	4 23, 1996			
		PAULA BENNETT	- /10/70	(I) [1]		11 11-0	01701		,			
			2. REGISTRAR'S SIGNATUR	RE MI	EMORIA	1105	VI/HL					
	7	MAY 3 0 1996	John Davidson	Rull								
		WITH O'D LIGHT	/	J CONTRACTOR					DHMH. 16 Rev. 1/89			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificate	e of	Death			Reg. No.			
	Physic		1. Decedent's Nama (First, Middla, L Carson W.	est) VIA	1						2. Data of De Month	ath Day	Year		me of Death
2	/Medi Exami		4a. Facility Name (If not Institution, gi	va street end numbar)					4b. City, To	wn, or L	May ocation of Deatl		1996 ty of Death	1	
		161	1870 Marshall :		(In yrs. las	A b lab do A	If Under	1 Vaa	Dund			Bal	timor		
	Funeral Director			·PA · · ·	8 7	Yrs.	Months	Days		Min.	8. Date of Bir (Month, De 0 1 / 2 8	1909	9. Birthp	Haca (S	itate or Foreign
	and		10a. State 10b. County		10c. City,	Town or Lo	cation		10d, Inside					Ide City Limits	
	8e-f sh	Director	MD. Baltin	more	Du	ndal	k								Yes 2 No
	th with the 23s or 2 ust be no	rai Dire	10e. Street and Number	Road		10f. Zip Code 2 1 2 2 1						10g. Citizen of What Country? U.S.A.			
020	De filed within 72 hours after death with the Meryland niel Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Exercites the notified at	by Funeral	11. Maritai Status 1 □ Never Marriad 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 Yas 2 N If Yas, Give Year or Dates:					Hispanic Ori ban, Maxican Specify:	gin? (Sp , Puarto	ecify Yes or No Rican, etc.)	Speci	ice - Americ ack, White, lfy: Wh		
5-0	72 h	etec	15. Decedent's E	ducation rade completed)		16a. Deced	dent's Usua kind of won	i Occu	pation during most ed)	of work	ina	16b. Kind of I	Jusiness/In	dustry	
2121	iene. Tre Men	Completed	Elementary/Secondary (0-12) 8 t h	Coilege (1-4or 5-					perat			Manuf	actu	rin	g
Maryland 21215-0020	12 should be filed within h and Mentel Hygiene. I is marked other than " traumatic event, pra Me.	To Be C	17. Father's Name (First, Middla, Las Unobtainable	1)							e (First, Middle, Via	, Meiden Sume	me)		
	s 1 and 2 should f Health and Mer ttam 27 is marks other traumatic		19a. Informant's Name/Relationship Alice Via/ Wife		1		_				al Route Numb				- 1
Baitimore,	permit. Pegas 1 and Department of Health Important: If itam 27 any Injury or other tr once.		20a. Method of Disposition 1 Burial 2 Cremation 3 [4 Donation 5 Other (Speci		Cen	netery, crer	osition (Nem metory or ot ake (ther pla	ece)	ту 5	Date 5-30-90	20c. Location Beltsv			
Bait	Departri Departri Importa any Inju		21. Signature of Funeral Service Lice	Hack		22 B	Name and radle	d Addr	ess of Facilit As ht	yn I	Tunera	cal Home, Inc. Rd. Dundalk, M			= 0 +3
	_		23a. Part1. Enter the disease, or con	npilcations that caused	the death.								1		ximata al Between
·	Physician		shock, or heart failure. List only	one cause on each link	a.								1	Onset	and Death
Ŕ	/Medicai		Immediate Cause (Final disease or condition	Atheroso	clerot	erotic cardiovascular disease								VE	ears
	Examiner	Je.	resulting in death)	a	Due to (or a	or as a consequence of):									
o,	an and uriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury	Due to (or a	to (or as a consequance of):										
x 68760,	death certificate be executed a attending physician and ad for use as the buriel-transit		Cause (Disease or injury				or as a consequence of):								
Bo	ath ca	Physician/		0											
o	0 0 0	yslo	Pert II. Other significant conditions	contributing to death but	t not resulti	sulting in the underlying cause given in Part i.					23b. Dld	tobacco use c	ontributa to	the ca	use of death?
<u>a</u>	requires that the de been signed by tha s hould be detached	by Ph									10	Yes 2□No	3 Pro	bably	₩ ZUnknowr
Records,	aw 2 s	Completed									24a. Was perfo	an autopsy ormed?	av	allable p	opsy findings prior to n of cause
E	8 - 6	Com	,								XX	Yas 2□No	×	Z Yes	2□ No
Vital	lclan: The certificate rector, pag	Be (25. Was case referred to medical examiner?						26. Place	of Deat	h (Check only o	one)			
of	D 00	To	1 ☐ Yes 2025 No	Hospital: X Inpatian		NOutpatien	nt 3 DO	A O	ther: 4 Nu	rsing Ho	oma 5 Rasi	dance 6 🗆 Ot	her (Specif	y)	
	Ing Una	atlon:	27. Manner of Death 1 ☑Natural 5 ☐ Pending 2 ☐ Accident investigation		Year) 28	3b. Time of Injury	M 28	Bc. inju Wo	ıryat ork?]Yas 2∐l	No	28d. Describe	how Injury occu	rred		
Division	tal or Attend rs after death al Director: A ed in by the f	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined		ry - At home (Specify)	e, farm, str	eet, factory,	, office			28f. Location (City or To	Street and Num wn, State)	ber or Rura	il Route	Number,
	To the Hospital or I within 24 hours after To the Funeral Direct Completely filled in the Funeral or I within the I will be a second to the Funeral Direct Completely filled in the Funeral Completely	edical		nysfcian: To the best of minar: On the besis of and manner state	examination										use(s)
	To the vithin 2 To the compla	Me	29b. Signature and title of eqrtifier				29c.	Lican	sa number			29d. Date sign	ed (Month,	Day, Ye	er)
	- 3 - 6		· (/: 1		m)	I	046	163			May 28			348
	(a)		30. Name and address of person who					Dri	ve Ba	ltin	nore.	MD 212	37		
	Sta	te	31. Data filed (Month, Dey, Year)	32. Registra							, .				
	Registr		MAY 3 01996	tobia Devition	Mandal	E.									

DHMH 16 Rev 6/95

in Audient Age a guar leasing estate gr 1 2 34 and the second of the second o

3. Time of Deeth

15:40

Birthplece (Steta or Foreign Country)

10d. Inside City Limits

Approximata Intervel Between Onsat and Death

DATS

DAY

YEAN

DAYS

24b. Were eutopsy findings availabla prior to completion of cause of death?

1 Yas 2 No

21215

MD

SINAT HOSPITAL OF BALTIMORE 2401 W. BELVEDENE

1 Yes 2 □ No

1996

MD

14. Race - American Indien, Black, White, etc.

Specify: BLK.

BANKS

4c. County of Deeth

US

2. Dete of Deeth

Month

05

4b. City. Town, or Location of Death

Physician
/Medical
Examiner

4e. Fecility Neme (If not institution, give street and number)

1. Decedent's Nama (First, Middla, Last)

WAKE

ROBERT

Funeral Director

the Maryland 72 hours after ified within 7: Hygiene. 7 is merked other traumatic svent, to permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 is marked oth any Injury or other traumatic svent size.

altimore, Maryland 21215-0020

law requires that the death certificete be executed P.O. Box 68760, Records, Division of Vital Attending Physician: this After

BALTIMORE CITY RAITIMORE CITY SINAI HOSPITAL OF BALTMORE If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Age (In yrs. lest birthdey) Months 1**₩** 2□ F 41 212-60-6915 10/14/54 Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at MD N/A BALTIMORE Directo 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3325 W. GARRISON AVE. 21215 Funeral Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ZANo Nevar Married 2 Married 1 Yes 2 No Specify: 2 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) COMPUTER OPERATOR HEALTH CARE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 EARL H. WAKE SR. MURIEL 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) MURIEL ARMSTEAD (MOTHER) 3325 W. GARRISON AVE. BALTIO., MD. 21215 20a. Method of Disposition 20b. Plece of Disposition (Nema of Data 20c. Location - City or Town, State cemetery, crematory or other place) 1 ☐ Surial 2 ☐ Cramation 3 ☐ Removei from Stete 4 ☐ Donetion 5 ☐ Othar (Specify) ARBUTUS MEM. PK. 6/1/96 BALTIMORE, MARYLAND 21. Signeture of Funaral Sarvice Licanses 22. Neme end Address of Fecility PHILLIPS FUNERAL HOME 23a. Part1. Entar tha disease, or complications that caused tha death. Do not enter the mode of dylng, such as cardiac or respiratory errest, EXAMINED Approximate the shock, or heart feilure. List only one ceuse on each line.

Approximate intervel Between Onsat and Death

Immediate Cause (Final **Physician** /Medical Immediete Ceuse (Finel · BLEEDING ESOPHAGEAL disease or condition resulting in deeth) DEPARTMENT ON APPROVED BY MEDICAL EXAMINER Examiner Examiner MOTOR VEHICLE ACCIDENT physician and s the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or es a consequence of): IVER CIRRITOSIS Physician/Medicai Dua to (or as a consequence of); SIS IVER LACERATION use signed by the signed to detected to Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown INTRAVENOW HEROIN AND ABUSE þ Completed 24e. Wes en eutopsy performed? HEPATITIS RIGHT RIB ABUSE page 2 FRACTURES, 1 Yes 2□No certificate RIGHT TIBIA FRACTURE 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Spacify) Hospital: 2☐ER/Outpatient 3☐ DOA 2 Yes 2 No 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Dascribe how injury occurred Certification: 5 Pending Investigation 1 Neturel Hospital or Attending 24 hours after death. Funeral Director: After 14196 1 Yes Accident 65 MOTOR VEHICLE COLLISION 3 ☐ Suicida 6 ☐ Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Location (Streat end Number or Rural Route Number, 2 fix out own Steff LV & LET & V.C. 4 ☐ Homicide STREET To the Hospital of within 24 hours at To the Funeral D completely filled BALTMONE 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end manner es steted.

2 Medical Exeminer: On the best of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end place, end due to the ceuse(s) end mannar steted. 29e. Certifiar edicai 29c. Licansa number 29b. Signature end title of certifier 29d. Dete signed (Month, Dey, Year) Paule septel 20 AS2402321 PS9945 MAY 29 1996 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) BALTO, MO

32. Registrer's Signeture

1 dson-Randelle

DHMH 16 Rev 6/95

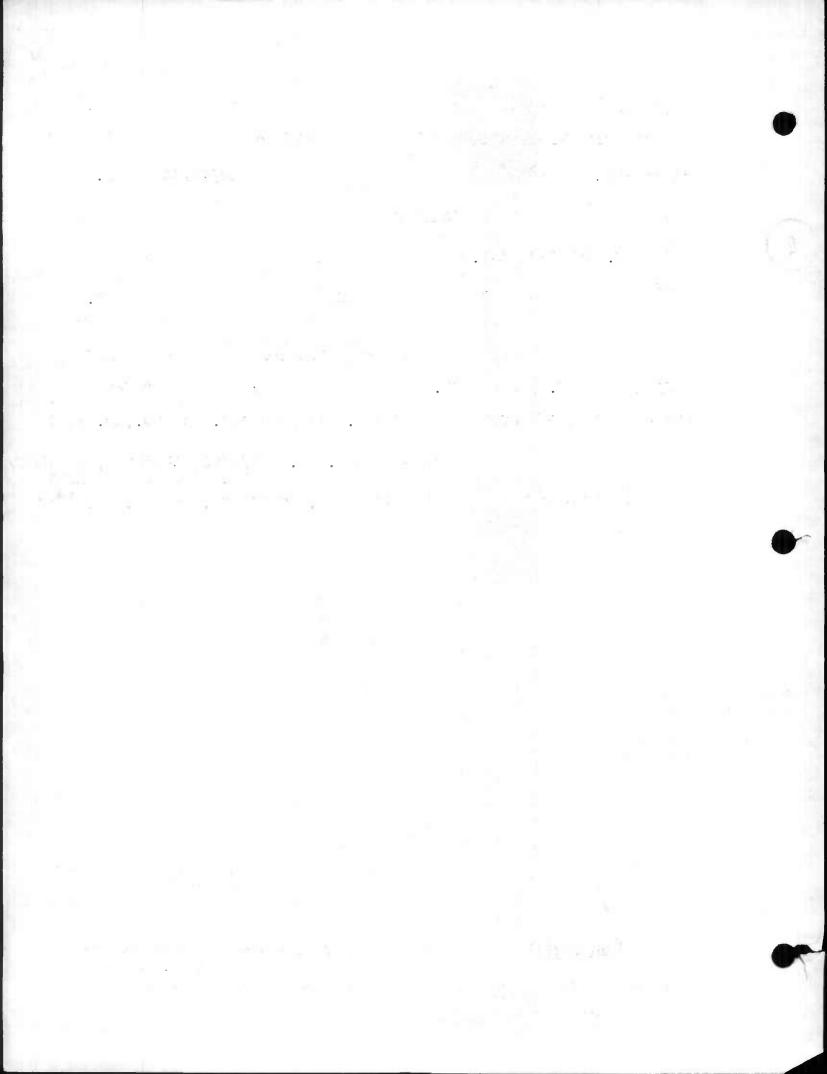
State

Registrar

PIERRE CHEVRAY

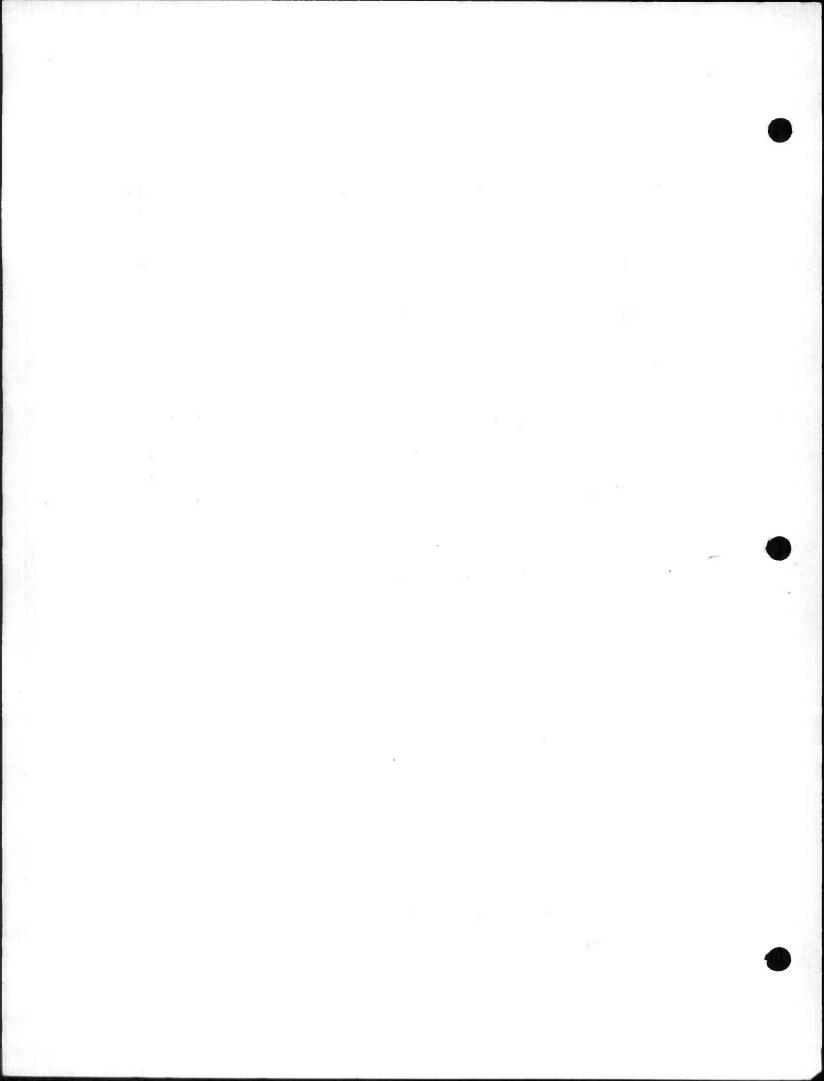
31. Dete filed (Month, Day, Year)

MAY 3 0 1996



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	retained by the hospital or attending physician. Should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should offfied at once.
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	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIEN REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last) Frances		Wilson		May 14,	^{AY} 1996 ^{YEAR}	3. TIME OF DEATH 3:20 P M				
	4. SOCIAL SECURITY NUMBER 219 38 3434 98. FACILITY NAME (If not institution, give s	1 □ M 2 #F 55	YRS. MONT	NOER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) 1/28/41	8. BIR	ITHPLACE (State or Foreign intry) MD.				
TOR	Maryland Genera			Baltimore City		BAHO					
FUNERAL DIRECTOR	MD. BALT	O. CITY		I MORE	-	10d. INSIDE CITY LIMITS? YES 2 NO					
ERAL	100. STREET AND NUMBER 3312 BURLEITH	AVE.		101. ZIP CODE 21215		10g. CITIZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2押 NO	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Mexico t YES 2 # NO Specifi	en, Puerto Ricen, etc.)	Sp	ACE — American Indian, eck, While, etc. ec/ly: LACK				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION e completed) College (1-4 or 5 +)	tee. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	one during most of working		S.A.					
BE	17. FATHER'S NAME (First, Middle, Lest) EARL CART 19a. INFORMANT'S NAME (Type/Print)	WELL			NME (First, Middle, Melden DLA CARTW	Surnama) ELL					
10	RHONDA WILSON	Daughter	3312 E	BURLEITH AVE.	BALTO. MD.	21215					
	20e. METHOD OF DISPOSITION 1 # Buriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	noval from State Come AR	PLACE AND DATE OF DIS PROPERTY OF OTHER PARK BUTUS PARK	5/18/96	AR	BUTUS,					
	21. SIGNATURE OF FUNERAL SERVICE LI	3 det	CIP	22. NAME AND ADDRESS OF FA ESTEP BROTHE 1300 EUTAW P	RS FUNERAL						
CERTIFICATION	23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Systemic Lupus Due to (or as a consequence or): Respiratory Failure Due to (or as a consequence or): Respiratory Failure Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):										
AL	PART II. Other eignificent condition				PERFO	RMED?	246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN: MEDIC	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		26. PLACE OF DEATH (C)								
ву РНУ	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW						
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, larm, street,	factory, office	281. LOCATION (Street City or Town, State		al Route Number,				
COMPLETED	Amel anny			the time, date and place, end dur my opinion, death occured at the			se(a) and menner as stated.				
TO BE (296. SIGNATURE AND TITLE OF CERTIFIE MUSIC MUSIC MODEL TO THE PROPERTY OF CERTIFIE THE PROP	eja	MD.	29c LICENSE NU 89263	MBER		IED (Month, Day, Year) 14/96				
	30. NAME AND ADDRESS OF PERSON WE Elisaveta Mels	kaya, M.D. c/	o Maryland		ital						
	31, DATE FILED (Month, Day, Year) MAY 3 0 1996	Julia Davidson-Ad	male.				DHMH.18 Sev. 1/89				



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

				State of	Marylar		artment <i>rtificate</i>		lealth and l Death	Mental Hy		96		5958
		1. Decedent's Nam	a (First, Middle, Las	t)		00.	imouto	011	Journ	2. Data of De	Reg. No.		3. T	ima of Death
Physici		LEON				ν	VIGI	911	N5	Month	Day 12	1996		730 AN
/Medic Examir			If not institution, give	street end num	ber)				b. City, Town, or			nty of Deat		
		600D SA	MARITAN	HOSPIT	AL				BALTIA	LORE	B	ALTM	ORE	
Funeral Director		5. Sociel Security N 216-09-20	012 1	M 2 F	7. Age (In yrs. 86	lest birthday) Yrs.	If Under 1 Months	Yaar Deys	If Undar 24 Hrs Hours Min.	8. Dete of Bi (Month, D	71909	9. Birtl Co BAL I	iplace (S Voto) IMOI	State or Foreign
puel Ma		Usuel Rasidance of 10a. State	10b. County		10c. Ci	ty, Town or Lo	cation						10d. Ins	Ide City Limits
the Maryler 28a-f show	to	MARYLAND	CITY		ВДІ	LTIMORE								Yas 2□No
or 28s	Director	10e. Street and Nur			Ditt	LITIONE	10f. Zip (Coda			10g. Citizan	of What Co	untry?	
23a o		3827 FER	RNDALE AV	Ε.			2120	7			USA			
or items	/ Funeral		led 2 Married	12. Was Deced Armed Ford 1 Tyes 2 If Yes, Give	ces? 2 (X) No		Was Deceda f Yas, specif		ispanic Origin? (S in, Mexican, Puerl Specify:	pecify Yes or No Rican, atc.)		Race - Ama Bleck, White	, etc.	
"natural",	d by	3 🕅 Widowed		Yaar or Da	tas:									MERICAN
net	Completed	(Spec	15. Decedant's Ed cify only highest grad	ucation de complatad)		16a. Deced	lant's Usual kind of work	Occupa done	ation during most of wo f)	rking	16b. Kind o	f Businass/	ndustry	
iene.	d L	Elamentary/Seco	ondary (0-12)	Collaga (1-	4or 5+)	1	KNOWN		')		UNKN	IOWN	OMN	
d other	S	17. Fathar's Nama	011			18. Mother's Nar	na (First, Middle							
end Mentel Hygis Is marked other sumatic event,	To Be	WILLIAMS BROOKS								BARNE				
th end Mer 7 Is marks traumatic	-		ame/Relationship (7			19b. Mailir	ng Addrass ((Streat	and Number or Ru			wn, State, 2	ip Coda)
		FAYE EVA							AVE, BA					
permit. Pages 1 end 2 should be filed within 72 hours sit with a page 1 end 2 should be filed within 72 hours sit was a page important. If item 27 is marked other than "natural", or any injury or other traumatic event, the Medical Francisco		20e. Mathod of Disp	position			Place of Dispo	sition (Name	a of		Date	20c. Location			
		1X Burial 2	☐ Cramation 3 ☐ 5 ☐ Other (Specify	Ramoval from S	IAIA			-	M. GARDE	N 5/17/9	96 TIMO	NIUM.	MAI	RYLAND
		Her	nerel Service Licen hedisaesa, or comp in failura. List only c	Ol	used the dea	13	00 EU	TAW	ss of Facility HERS FUN PLACE, g, such as cardiac	BALTIMO	RE, MAF			217 eximate
		Immediata Causa (diseese or condition rasulting in daath)	(Final		PILA	DV 45 as a consequence	FA					1	Onse 2	l end Death
and I-trensit	Examiner	Sequentially list confi any, leading to in	enditions,	o. CHRU	me	WSSTN or as a conseq	ucriv	ŧ	Pulmon	May 1	0185481	5	10	YRS
inicate be executed by physicien and es the buriel-trensit	dical	Sequentially list co- if any, leading to in cause. Enter Unde Cause (Disaasa or that initiated events resulting in death) I	5	C	Dua to (c	or es e conseq	uance of):							
ettending for use e	lan/			d			*				_			
ed by the e	/ Physic		TNSIDN	-	ith but not ras	sulting in tha u	ndarlying car	usa give	en in Part I.		tobacco use Yes 2□ N			ause of death
iew requires that the deeth certific les been signed by the ettending t s 2 should be deteched for use es	Completed by Physician/Me	CONGES	ENSIDN TIVE HE	ANT F	Aluly	UF.				24e. Was	s an autopsy ormed?		eldalieve	on of cause
0 - 5	0									10	Yes 2 N	o 1	Yas	2010
rnysician: in this certificeta rai director, pag	Be	25. Was cesa raferi axaminar?	red to medical		_				26. Placa of Dea	ath (Check only	one)			
this ce at dire	2	1 Yes 25	No	Hospital: 1 Sin	patient 2	ER/Outpatien	t 3 DOA	Oth	ar: 4 Nursing H	lome 5 ☐ Res	idance 6 🗆	Other (Spec	cify)	
		27. Mannar of Death 1 ☐ Netural 2 ☐ Accident	5 Panding Invastigation	28e. Data of (Month	Injury , Day Year)	28b. Tima of Injury	M 28	c. Injun Worl	yat k? Yas 2 □ No	28d. Describe	how injury oc	curred		
fre in the	Certification:	3 Suicida 4 Homicida	6 Could not be detarmined	28a. Place c	of Injury - At h g, atc. <i>(Spaci</i> i	oma, farm, str	eet, factory,	office		28f. Location City or To	(Street and Nu wn, State)	imber or Ru	ral Rout	a Number,
within 24 hours effect to the Funeral Director completely filled in	edicai	29a. Cartifier (Check only one)	1 Certifying Phy 2 Medicai Exam	reician: To the b iner: On the bas and manns	is of examina	owledge, daath ition and/or inv	occurred at rastigation, i	t tha tim	na, data and place pinion, daath occu	e, end dua to the arred at tha time	ceusa(s) and data and place	mannar as ce, and due	stated. to the c	ausa(s)
To the	×	29b. Signeture end	titla of certifier				29c.	License	e number		29d. Data sig	ned (Month	Day, Y	'ear)

29c. License number 047993 29d. Data signed (Month, Day, Year) may 12, 1996

of person who completed causa of death (Itam 23a) (Type, Print)

NA-ZARTNO 5601 WCH RAVEN B2VO., BARTMORE MD 21239

State Registrar





BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires and remaining the executed within cours after death. Page 6 may be retained by the hospital or attending physicia	DIRECTOR: After this certificate has been significant to the second of the property of the fundament of the property of the pr
	nours after death	ad in by the fune
		V fills
DIVISION OF VITAL RECOMBS. NO. BOX 68760,	Thicate be executed within	in physician and completel
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ES.	1	the the st
. REC	w requires	haan cinnil
OF VITAL	PHYSICIAN: The lan	this certificate has
DIVISION	L OR ATTENDING	DIRECTOR: After

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been significate high within 72 hours after death with the State Dept. of Healt IMPORTANT: If Item 28 is marked, or Item 23 shows:

31. DATE FILED (Month, Day, Year) MAY 3 0 1996

		1 - STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND	MENTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Lest)	1 - 1 1				2. DATE OF OEATH		3. TIME OF DEATH	
		Victor	Wil	liams	\$		May	20 9	6 11:00 A M	
9		216 68 5412	6. AGE (In your second of the	rs. last birthday) YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 10/30/56	0.	BIRTHPLACE (State or Foreign Country) MD.	
should	BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DI								
1, 2, 3		UNIVERSITY HOSPI	TAL			ALTIMORE		BALT	O. CITY	
l. Pages		MD, BALTO.	CITY		r, town or lo				10d. INSIDE CITY LIMITS? 1 # YES 2 NO	
permi		10e. STREET AND NUMBER	0211		12 1 2110	101. ZIP COOE		10g. CITIZEI	N OF WHAT COUNTRY?	
ing physician, the burial-transit permit. Pages 1,		644 COKESBURY				21218		1	USA	
		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	₽ ∰ NO	13. WAS	RACE — American Indian, Black, White, etc. Specify: BLACK				
r attend use as	03	15. DECEDENT'S EDUCAT (Specify only highest grade co		a. DECEDENT'S		ATION most of working	16b. KIND OF BU	SINESS/INDUS		
spital or ned for u	PLET		College (1-4 or 5+)	MAINTE	retired.)	MAN	HOSI	PITAL		
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)		TRIZITIE	TO TITOL		AME (First, Middle, Maiden			
d by	BE (LEONARD MCDAD				IREN	E WILLIA	AMS		
5 should	2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		rde)	
y be n	_	LINDA WILLIAMS 20s. METHOD OF DISPOSITION	SISTER	ACE AND DATE O			ALTO. MD.			
ge 6 ma irector, p		# Burial 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	of from State cemeter	y, cremetory or other	her place)	5/24/96		NSDOWNI	y or Town, Stata	
ours after death. Page 6 may be retained by the hospital or attending in by the funeral director, page 5 should be detached for use as the or removal. medical examiner must be notified at once.		21. SIGNATURE OF SCHERAL SERVICE LICEN	ISEE OF A	-0	ES	TEP BROTH	ERS FUNERAL PL. BALTO.	L HOME	P.A.	
rs after by the removal		23. PART i. Enter the diseasea, or cor shock, or haert fallure. Lie	nplicetions thet caused th	death. Do n	ot enter the	mode of dying, aud	ch es cardiac or reep	iratory arree	t, Approximate	
withis pletely filled cremation, rent, the party of the p		IMMEDIATE CAUSE (Final disease or condition resulting in death)	Preu DUE TO (OR AS A CO	moni	ر ا:				Interval Between Onset and Death	
ificate be executed within physician and complete ene prior to burial, cremmer traumatic event,	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	INSEQUENCE OF):					
months of the	CERTIFI	that initiated evente resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):					
w requires are used been signed by the pt. of Health	MEDICAL C	PART II. Other significent conditione of AIDS Book	contributing to death but of	1	n the underly	*	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
w requires been sign pt. of Hea 3 shows		DID TOBACCO USE CONTRII	BUTE TO CAUSE OF I	DEATH YE	S 🗆 NO	☐ UNCERTAI	N &		1 TES 2 NO	
V: The law r cate has be State Dept.	CIAN:	25. WAS CASE REFERRED TO MEDICAL	28.	PLACE OF OEAT	H (Check only o					
ertificate the State	YSICI	1 ☐ YES 2 2 HO 1	IOSPITAL: Cinpatient 2 - ER/Outpatie	nt 3 🗆 DOA	OTHER: 4 Nursing i	lome 5 🗆 Residence	6 Other (Specify)		2.0	
NG PHYSICIAN: The langue this certificate has the this certificate has the thin the State Department, or Item 23	ВУ РНУ	27. MANNER OF OEATH Natural 5 Pending Natural Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY	INJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUR	ED	
OR ATTENOING POLICE OF THE PROPERTY OF THE PRO	ETED E	3 Suicide 6 Could not be datermined	28a. PLACE OF INJURY — building, etc. (Specify)	At homa, larm, e	traal, factory, c	ffica	281. LOCATION (Street (City or Town, State)	and Number or	Rural Route Number,	
로 경장 =	COMPLE		N: To the best of my knowledg						ause(a) and manner as stated.	
TO THE HOSPI TO THE FUNES be filed within	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	n po			29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year) 120 196	
	_ C_									

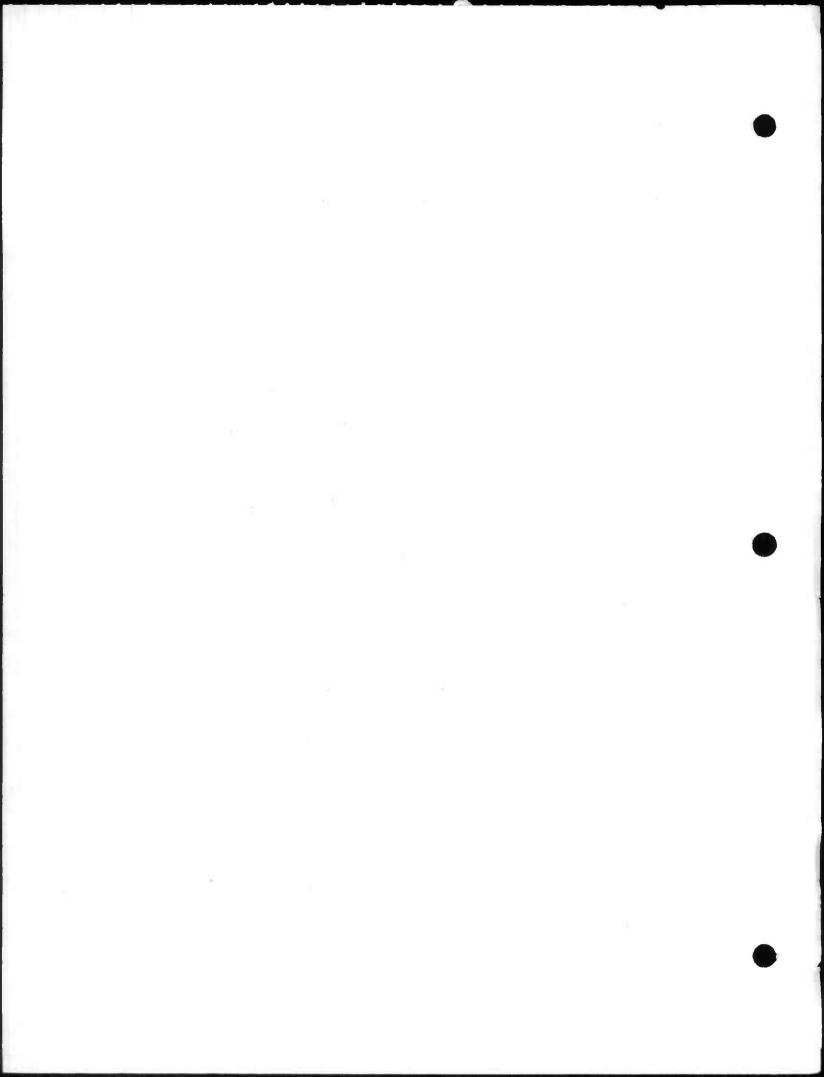
51

WHO COMPLETEO CAUSE OF GEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE DAVIDSON-ROPES

22 5

21201



29c. License number

completed cause of death (itam 23a) (Type, Print)

32 1000

OCME

Penn Street, Baltimore, Maryland 21201

29d. Dete signed (Month, Dey, Year)

MAY14, 1996

State Registrar

29b. Signature and title of certifie

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 78 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

it	em#4, filmg 736, 6/14/	96.cvw.per	c fh							96		5961
-	FOR 1 STATE		MARYLAND	/ DEPA	RTMEN	T OF H	EALTH	AND	MENTAL HYGIEN	NE.		
	1. DECEDENT'S NAME (First, Middle, Lest) Elizabeth			ERTIF	ICAI	E OF	DEA	Н		DAY	YEAR	3. TIME OF DEATH
	A SOCIAL SECURITY NUMBER	J. Sparks T. S.					IF UNDER	24 HRS.	7. DATE OF BIRTH	.5		PLACE (State or Foreign
	214-38-2965 211-18-2215	1 □ M 2 🙀 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug 5,19	905	Countr	Md
OR	9a. FACILITY NAME (If not institution, give s 141 Hollow Brod			b. CITY, TOWN OR LOCATION OF DEATH Timonium Baltimo								
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	TY TOWN	OR LOCAT	ION			10d. INSIDE CITY		
E C	Md Bal				nium				LIMITS?			
AL	10e. STREET AND NUMBER					. ZIP CODE	E		10g. CI	TIZEN OF W	HAT COUNTRY?	
FUNERAL	141 Hollow Brod	ok Road				2	1093	3			USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. A SE YES 2 WAR OR DATES	NO	13	If yes, sp	ENDENT O	n, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	a or No—	14. RACE Black Specif	
ED	15. DECEDENT'S EDU (Specify only highest grade	16a, C	DECEDENT'S	USUAL (OCCUPATIO	ON of working		16b. KIND OF BU	SINESS/IN	DUSTRY	white	
COMPLETED	Elementary/Secondary (0-12)	Give kind of fe. Do NOT u	ise retired.)	SI OF WORDS	·V						
MP	17. FATHER'S NAME (First, Middle, Lest)	Scho	ol '	Teac						on		
				18. MOTNER'S NAME (First, Middle, Melden Surname)								
BE	William Edward 19a. INFORMANT'S NAME (Type/Print)	9b. MAILING	3 ADDRES	S (Street a	Anna Elizabeth Todd S (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
5	Terry Clark/Friend 141 Hollow Brook Rd, Timonium, Md 2109											21093
	20a. METNOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other piece) Oaklawn Cemetery 20b. PLACE AND DATE Of Disposition (Name of cametery, crematory or other piece) Oaklawn Cemetery 20b. PLACE AND DATE Of Disposition (Name of cametery, crematory or other piece) Oaklawn Cemetery 20b. PLACE AND DATE Of Disposition (Name of cametery, crematory or other piece) Oaklawn Cemetery 20c. LOCATION - City or Town, State											
	Em A.]	Brad	ley	Ash	ton Fune	Pos	a pa			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):											Approximate interval Between Onset and Death
ERTIFICATION	Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO COMPLETION OF CAUSE OF DEATH?											
. M	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DE	ΔTH YI	FS 🗆	NO I	LINC	ERTAIN				1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CE OF DEA			0140	ENIAII	101			· · · · · · · · · · · · · · · · · · ·
SIC	1 VES 2 NO	Nome 5 Residence 8 Other (Specify)										
BY PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY lay, Year)	ent 3 DOA 4 Nursing Nome 5 Residen 28b. TIME OF NUTURY AT WORK? 1 YES 2 NO				NO NO	28d. DESCRIBE HOW INJURY OCCURED			
8	3 Suicide 8 Could not be 4 Nomicide determined	street, fac	t, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET									to the cause(a) and ma			and manner as stated.
ш	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
TO B	30. NAME AND ADDRESS OF PERSON WAS	2 COMBI ETED COM	DE OF DEATH #=	511 432 57	- 6 /		Do	05	2510) t	5/25	196

9000 Franklin Square Dr.

Bruce C.
31. DATE FILED (MONTH, Day, Your)
MAY 3 01996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Bruce C. Higinbuthom 9000 Fra.

High buthon 90

22. REGISTRAR'S SIGNATURE

Guill Davidson Randell

DHMH-16 Rev 1/89

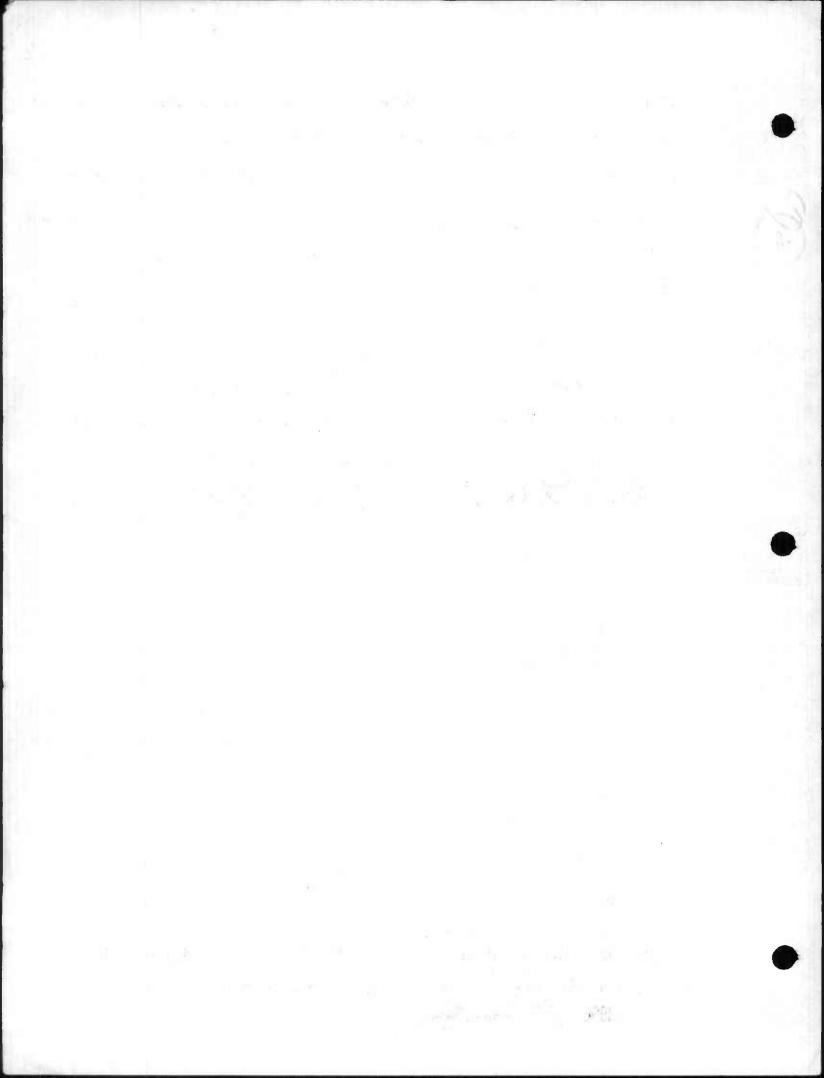
Bultimore MD 21237

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** MAY 1996 CHARLES YOUNG 14:25 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner **JOHNS** HOPKINS HOSPITAL BALTIMORE CITY 5. Social Security Number if Under 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. Birthplece (State or Foreign Country) 7. Aga (In yrs. last birthdey) **Funeral** Days 1 ☑ M 2 □ F 48 Yrs. Director SEPT.20 1947 216-52-7538 MARYLAND Usuel Residence of Decedent 10a Stata 10b County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 No Director MARYLAND ANNE ARUNDEL "natural", or items 23s or 28s-f PASADENA 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7641 PLEASANT DRIVE 21122 U.S.A. Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yaer or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - Amarican Indien, Black, White, etc. 1 Never Merried 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 No py Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usuel Occupetion (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collega (1-4or 5+) PRINTER ENVELOPE CO. permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy,
Important: If Nem 27 is marked other any injury or other tra-17. Fethar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) CHARLES H. YOUNG JR. SHIRLEY M. NESS 19a. Intormant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) SHIRLEY M. SNYDER / Mother 7641 Pleasant Drive Pasadena, Maryland 21122 20b. Piece of Disposition (Nema of cemetery, crametory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 Cremetion 3 Ramoval from Stete 4 ☐ Donetlon 5 ☐ Othar (Specify) HOLLY HILL CEMETERY 5/28/96 CHASE, MARYLAND 21. Signatura of Funaral Service Licen 22. Nama and Address of Facility STALLINGS FUNERAL HOME P.A. Jr 3111 MOUNTAIN ROAD PASADENA, MARYLAND 21122 23a. Pert1. Enter the disaesa, or complication that cause the death. Do not antar tha mode of dying, such as cardiec or raspiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition rasulting in deeth) . Acute renal failure 5 days Examiner Examiner Cytomegalovirus meningoencephalitis 2 months physician and s the burial-transit Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours after death.
24 hours after death.
25 hours after of death.
26 hours after of the retificate has been signed by the attending physician and seley filled in by the tuneral director, page 2 should be deteched for use as the burish-transit enerty filled in by the tuneral director, page 2 should be deteched for use as the burish-transit Sequentielly list conditions, if eny, leeding to immediate causa. Entar Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Last Division of Vitai Records, P.O. Box 68760, ytomegalovirus retinitis
Due to (or as a consequence of): 2 months Physician/Medical Acquired Immunodeficiency Syndrome 2 years Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy tindings available prior to completion of cause of deeth? 24a. Wes an eutopsy performed? Completed 1 ☐ Yes 2 No 25. Wes case reterred to medical exeminer? Be 26. Plece of Deeth (Check only ona) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) Certification: To 1 Yes 2 No 1 inpetient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28a. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturai 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, term, street, fectory, office building, etc. (Specify) 4 Homlcide 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, data and plece, end due to the causa(s) end menner as steted.
2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, deeth occurred at the time, dete end pleca, end dua to tha causa(s) end menner stated. edical 29a. Certifler To the Hosp within 24 hou To the Fune completely fil (Check only one) 29d. Data signed (Month, Day, Year) 29b. Signature end title of certifier 29c. License number Internal Medicine May 23, 1996 M6279 Sheruta a still MD Housestaff 30. Neme end address of person who completed cause of death (Item 23a) (Type, Print) Sherita A. Hill Tower 110 Doctor's Lounge Johns Hopkins Hospital Boutimore, MD 21287

State Registrar



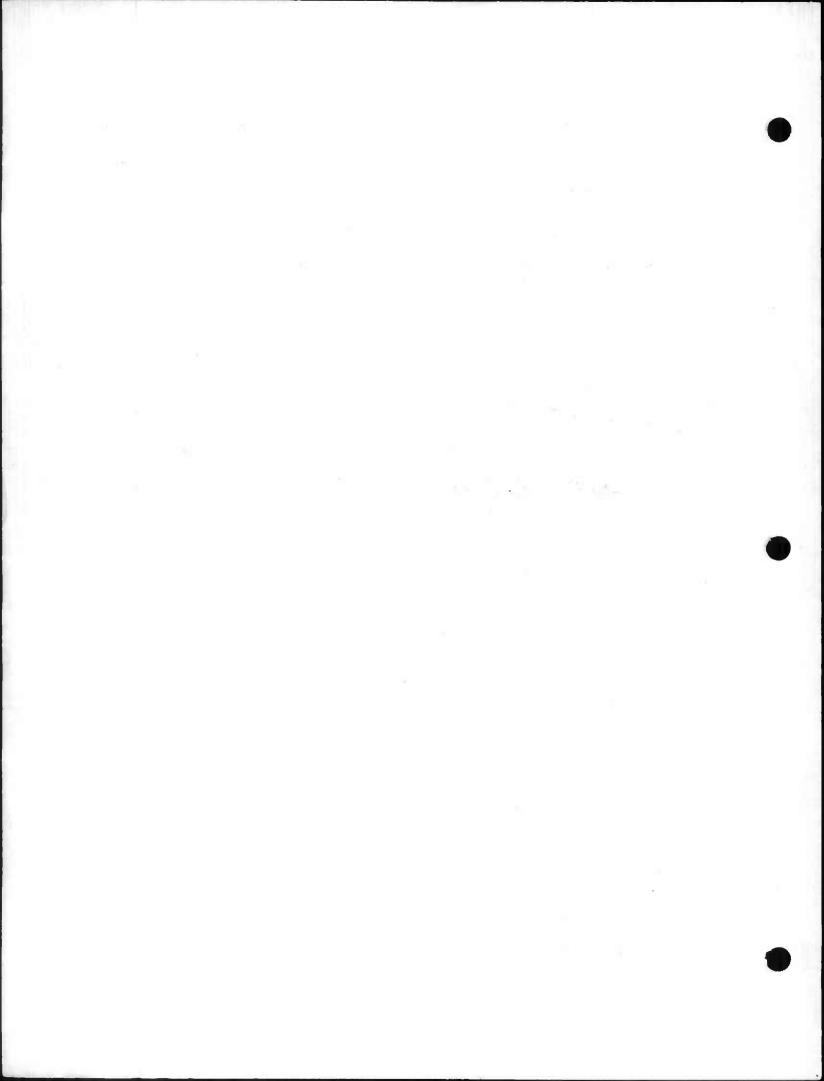
D

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH		YEAR	3. TIME OF DEATH
			Vrs. lest birthdev)	IF UNDER 1 YEA	R IF UNDER 24 HRS	Ма	y 6	, 1	996	3:50 A M
	Control of the Contro	M 2 V F	64 YRS.	MONTHS DAY		(Mo	onth, Day, Year)	931	Geri	
	9a. FACILITY NAME (If not institution, give street	t and number)	04	9b. CITY, YOW	N OR LOCATION OF		20, 1		NTY OF DE	
DIRECTOR	Meridian Nursing Co	enter		Fred	erick			Fre	deri	ck
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
	Maryland Fred	erick	Fre	derick						1 X YES 2 NO
FUNERAL	P 101 Waverly Dri	ve			101. ZIP CODE 21702				J.S.A	HAT COUNTRY?
NO.	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN I	U.S. ARMED		PECENDENT OF HISI specify Cuban, Max			or No—	14. RACE	— American Indian, White, atc.
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES		ES 2 X NO Spe		io ricali, etc.)		Specif	
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON moleted)	16a. DECEDENT'S	USUAL OCCUP	ATION most of working	1	16b. KIND OF BUS	SINESS/INC	USTRY	
LET		College (1-4 or 5 +)	life. Do NOT u	Clerk	Those of Working		None			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (Firs	t, Middle, Malden	Surname)		
BE C	Johanns Distler				Mar	ia Ge	bherd			
10	19a. INFORMANT'S NAME (Type/Print) Charles W. Allen		_		et and Number or Rui ly Drive					d 21702
	20s. METHOD OF DISPOSITION 1 Burisl 2 X Cremetion 3 Remove	20b. F	PLACE AND DATE	OF DISPOSITION	(Neme of	D	ATE 20c. LO	CATION -		
	4 Donation 5 Other (Specify)	Si	hichspur	_		5/				Maryland
	21. SIGNATURE OF PUNERAL SERVICE LICEN	D-97-0	N-							OMES, P.A.
_	23. PART I. Enter the diseases, or con	- Lewy	the death Do							MD 21701
	shock, of heart fellure. Lis	t only one cause on ago	di Ilna.	/			ardisc or respi	raiory sri	est,	Approximate Interval Batween Onset and Daath
	disease or condition resulting in death)	Ventri	cular	til	Arsen	n				mentes
		OUE TO (OR AS A C	CONSEQUENCE O	F): Lear	Alsen	n /				110611
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE O	Moun	Prog	V				gear s
ICA	CAUSE (Disease or Injury	DUE TO (OR AS A C	CONSEQUENCE	5						
HTIE	that initiated events reaulting in death) LAST	OUE TO (ON AS A C	CONSEQUENCE O	r).						
	PMIT II. Other algnificent conditions of	contributing to deeth bu	t not resulting	In the underi	ving cause given	In Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
ICAL	Dialetes Mell	utres .					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	COPD									1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIE		6. PLACE OF DEA	-	UNCERT/	AIN 🗆				
SICI	EXAMINER?	IOSPITAL:		OTHER:	lome 5 Resident	ca 6 🗆 O	thar (Specify)			
РНҮ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. Tife		INJURY AT WORK?		DESCRIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	28a. PLACE OF INJURY -	- At home form		YES 2 NO	204 1	OCATION (Street	and Mumbar	as Burnt D	
COMPLETED	3 Suicide 8 Could not be determined	building, etc. (Specify	y) ,	attest, lectory, c	anca .		ity or Town, State)		or nurai ri	oute Number,
PLE		N: To the best of my knowle	dga, death occum	ed at the time, o	lata and place, and (due to the	cause(s) and mar	nner es ata	led.	
COM		On the basis of exemination	and/or investigation	on, in my opinio	n, death occured at	the time, d	iste and placa, en	d due to th	ne cause(s)	and manner ea stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	15.			29c LICENSE	S/6		29d. DAT	E SIGNED	(Month, Day, Year) 7 1996
2	30. NAME AND ADDRESS OF PERSON WHO	DMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type	. Print)	2000			- /	1/	. , (, ,
	Allen J. Gilson, M	The state of the s		ie, Fre	derick,	Mary	land 21	701		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAL								
	MAY 0 7 1996	T to mod W.	Woodall							



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

9	6		5	9	6	L

3. Time of Deeth

Pennsylvania

10d. Inside City Limits

Approximete Intervel Between Onset end Deeth

White

1 ☐ Yes 2 ☑ No

2:35 DA

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** BERTA W 6 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PRINCE GEONGES SOUTHERN MANYLAND HOSPITAL (NOTON) If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🛣 F Director 577-16-2603 March 11,1902 Usuel Residence of Decedent 10a Stete 10c. City, Town or Location 10b. County "natural", or thems 23s or 28s-f show letical Examiner must be notified at Prince George's Maryland Clinton 10e. Street end Number Pineview Nursing Home 10f. Zip Code 10g. Citizen of Whet Country? 20735 U.S.A. 9106 Pinview Lane Funeral 14. Race - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Meritel Stetus hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 10th N/A Homemaker Home permit. Pages 1 and 2 should be file.
Department of Health and Mental Hyg.
Important: If Item 27 is merked other any injury or other traumer. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Harry O. Fisher Bertha Gregor 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kenneth Allen Sr. 6104 Buckler Road Clinton Maryland 20735 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremetlon 3 Removel from Stete
4 Donetion 5 Other (Specify) Cedar Hill Cemetery May 20,1996 Suitland Maryland 22. Name end Address of Fecility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in deeth) RAUT INFECTION /Medical Examiner Due to (or es a consequence of) DISAZZ HTILL Examiner requires that the death certificete be executed ettending physician and for use es tha burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequence of): Box 68760. Physician/Medicai thet initieted events resulting in deeth) Lest Due to (or es a consequence of): P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, à 24a. Wes an eutopsy performed? Completed RENAL FALLURE has 1 ☐ Yes 2 No certificata or Attending Physician: funaraj director, 25. Wes case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospitel: To 1 Yes 2 No 1 Impatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred Certification: After 1 Netural 5 Pending investigation after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in by 4 Homlcide Hospital 24 hours 29e. Certifier Medicai completaly (Check only one) To the I within 2. 29b. Signeture end title of certifier 29c. License number

23b. Did tobacco usa contribute to the cause of death? CANDIO UASCULAL DUGASCI Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 1 □ Yes 2 □ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end manner as steted.

| Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner steted. 29d. Dete signed (Month, Dey, Year) 30. Neme and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) M.D. 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture Jalia Davidson Rardall

Registrar

The second secon

DIVISION OF VITAL RECORDS, P.O. BOX 68760, SALTIMORE, MARYLAND 21215-0020	UBALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within crows after death. Page 6 may be retained by the hospital or attending physician.	Fours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH	ly.	YEAR	3. TIME OF DEATH
	Morris Jac	ob Akma	n					May 12		199	100	1:55 A M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		F UNDER 1 YE		INDER 24 HRS.	7. DATE OF (Month, De	BIRTH IV. Year)		8. BIRTH Countr	PLACE (State or Foreign
	215-10-4929	1 🔀 M 2 🗌 F	83	YRS.	JATING DA	rs HOU	ANS MINI.			13		timore. MD
~	9e. FACILITY NAME (If not institution, give s	treet and number)		9	b. CITY, TO	WN OR LO	CATION OF D	EATH		9c. COU	NTY OF D	
DIRECTOR	Holy Cross Hospit	al			Sil	ver	Spring	2		M	ontg	omery
3EC	10e. STATE 10b. COUNTY			10c. CITY, 1	TOWN OR LE	CATION						10d. INSIDE CITY LIMITS?
	Maryland Mont	gomery		Sil	lver	Spri	no				- [1 TYES 2 NO
AL	10e. STREET AND NUMBER					10f. ZIP				10g. CIT	IZEN OF W	HAT COUNTRY?
E	2445 Lyttonsville	Road, Ap	t. 900			2	0910			l II	S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1						NIC ORIGIN? (S			14. RACE	- American Indian, White, etc.
BY I	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WA		17			NO Speci		A.	8.	Speci	y:
	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S US	IIAL OCCU	PATION		Tank Will	or NU	200000000000000000000000000000000000000	D110 T001	White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)		ive kind of wor	k done durin		working	100. KII	ND OF BU	SINESS/IN	DUSTRY	
PLE	12 Years	College (1-4 or 5+)		4477078				7/				
OM	17. FATHER'S NAME (First, Middle, Last)		<u>D</u>	uver		18.	MOTHER'S N	AME (First, Midd			rmeni	t Store
	Charles Akman						Conto	Eisenb	0.100			
BE (19e. INFORMANT'S NAME (Type/Print)		191	MALINGA	OORESS (Str			Reute Number		State, Zi	p Code)	
70	Rose S. Akman. Wi	fe	S	ilver	Spri	DO SATT	Le Koa Marvl	and 2	0910	U		
	20e. METHOD OF DISPOSITION 1 Striel 2 Cremetton 3 Rem		20b. PLACE	AND DATE OF	DISPOSITIO	N (Neme of	11/110	96 DATE	T		City or To	wn, State
	4 Donetion 5 Other (Specify)	OVAIL ITOIN STATE	Mount	Lebar	non C	emet	ery		Ade	1nhi	Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC				STET	S AND A	BREW N	EMORTA	I. FII	NERA	T. HON	ME INC
	Vonald (.	Stote	temy	ch	232 MASH	CARR	OLL SI	REET,	N.W.	200	5	ME, INC.
	23. PART I. Enter the diseasea, or shock, or heart feilura.	complications that	coused We de	ath. Do not	entar tha	moda o	f dying, suc	ch as cardiec	or respi	ratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Final	List Only One Ceus	e on eech kile	•								Interval Between Onset and Death
	disease or condition resulting in death)	. Acute	Mvocar	dial 1	Infar	ctio	n					Immediate
						_			I mined part			
N	Sequentially list conditions,	L Coron	ary Art	ery D	iseas	е						20 Years
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):								
FIC	CAUSE (Disease or injury that initiated events	c	OR AS A CONSEC	DUENCE OF:								
E	reaulting in death) LAST			,								j
CERTIFICATION		d,										1
MEDICAL	PART II. Other algnificant condition								a. WAS AN PERFOR	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
50	Ischemic Cardiom	yopathy,	Cerebra	1vascı	ılar .	Acci	dent,	1	YES 2	NO X		COMPLETION OF CAUSE OF DEATH?
ME	Diabetes Melitis											1 - YE\$ 2 - NO
ä	DID TOBACCO USE	CONTRIBUTE	TO CAUS	SE OF I	DEATH	YES						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	8. PLACE	OF DEATH (C	heck only one)				
YS	1 TES 2 T NO	1 Inpatient 2 🔀		DOA 4	☐ Nursing			6 Other (S				
표	27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	28e. DATE OF 8 (Month, Day	NJURY y, Year)	28b. TIME (IY .	WORK?		28d. DESCR	BE HOW	NJURY OC	CURED	
В	2 Accident Investigation	20- 81 405 05	INJURY — At ho			_	2 🔲 NO					
	3 Suicide S Could not be 4 Homicide determined	et, factory,	office		City or T	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)						
COMPLETED												
MPI	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner as stated.											
= 1	2 MEDICAL EXAMINE	on, death	occured at the				he ceuse(e) end menner as stated.				
8		A.				29c	LICENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
	296. SIGNATURE AND THELE OF SERTIFIES	ma				- 1	25061			I M	o- 1	
BE	than sackee	mo					35261			I I	ay I	2, 1996
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23a. Part I. Entar tha disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or raspiratory arrest, Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List only one cause on each line. Appropriate of shock, or heart failure. List one cause of shock only one cause of shock one ca	any III)	21. Signature of Funeral Service Lices	Sinnich										
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Depute the part is of	I Exam	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Du	ua to (or as a	consequ	ence of):							
24a. Was an autopsy performed? 24a. Was an autopsy performed? 24b. War autovaliable completion of death? 1 Yas 2 No 1 Yas Ya	use as man	that initiated evants	d.	a to (or as a	consequ	anca of):							
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		June	on Order	11 44 1 1 1 1			0786	<u></u>		5-50	-56		
30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print) Once H. (Corolar (Cecr 357 Will ST Higgers Stown Wh) 2 State 31. Data filed (Month, Day, Year) 32. Begistrar's Signatura		Jour H. G	order (cen				57	Huge	סדטה	رس	Mo	21740	

Fig. 1. Sec. 19. ... was not to the said of the

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						Certific	ate of	Death	Re	g. No.			
	Physici /Medi		Decedent's Neme (First, Middle, Last George	Edward		BI	SER	SR	2. Dete of Deet			3. Time of Deeth 10:00 AM	
	Examir		4a. Fecility Neme (If not institution, give 9511-A Hansonvi	lle Road	7)			4b. City, Town, or L Frederi	ck	4c. County Fred	erick		
	Funeral Director		220 20 3377	2X. 7. A	ge (In yrs. le:	est birthdey) If Under 1 Year Months Deys			8. Dete of Birth Month, Dey, Year, Sept. 22,1933		9. Birthplac Maryl	e (Stete or Foreign and	
	death with the Maryland rns 23e or 28e-f show Linual be notified at	tor	Usuel Residence of Decedent 10a. Stete 10b. County Maryland Frederic	ck		Town or Location lerick						. Inside City Llmits	
	th with the 23e or 28 ust be not	al Director			oad	10f.	Zip Code 21702	2	10	U.S.		?	
020	ours after dea raf, or items Examiner m	by Funeral	11. Meritel Status 1 Never Married 2 Merried 3 Widowed 4 Divorced	If Yes Give 10511			specify Cu	Hispenic Origin? (Sp ben, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	Bied	e - American ck, White, etc. White		
Maryland 21215-0020	within 72 ho ene. than "netur he Medical	Completed	15. Decedent's Ed (Specify only highest gra-		5+)	16a. Decedent's U (Give kind of life. DO NO Painter an	work don Tuse retir	e during most of work ed)	ing	Painti		itractor	
rland 2	uid be filed fantal Hygi rkad other tic event, t	To Be Co	17. Fether's Neme (First, Middle, Last) Unknown					18. Mother's Nem					
	and 2 should saith and Mor 1.27 is marks or traumatic		19e. Informent's Neme/Reletionship (7 Mrs. Mabel Ann Bi					et e <i>nd Number or R</i> ur nville Roa					
Baltimore,	Pages 1: nent of He ant: If Herr ury or oth		20e. Method of Disposition f ☐ Buriei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		Cen	ca of Disposition (netery, cremetory haven Memo	or other pl	Gardens, May		Frede			
Balt	Departs Departs Imports any inj		21. Signeture of Funerei Service Lican	1 .	MOO255	T/	eme and Address of Facility emey and Basford P.A. Funeral Home becast Church St., Frederick, Marylan ne mode of dylng, such as cardiac or respiratory errest, integration						
6	Physician /Medicai Examiner Physician pub. Physician	Examiner	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, teeding to immediate cause. Enter Underlying Ceuse (Disease or Injury		Due to (bre		of):	ter util		·	i or	nset and Deeth	
ox 68760,	ing e e	√Medicai	Ceuse (Diseese or Injury thet initiated events resulting in deeth) Lest	c	Due to (or e	(or es e consequenca of):							
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Records,	aw requires to as been signe 2 should be	Completed by							24e. Wes er perform	n autopsy ned?	aveile	autopsy findings able prior to lietion of cause eth?	
	The lev ate hes page 2	Com							1 □ Ye	s 2 No	1 🗆 Y		
/ita	ysician: The l s certificate he director, page	Be	25. Wes case referred to medical exeminer?	D2a-t-					th (Check only on	9)	-		
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Division	il or Attending after death. I Director: After d in by the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined	208. FIECE UI III	ijury - At hom tc. (Specify)	e, ferm, street, fec	1		28f. Location (Sti City or Town	reet end Numb , Stete)	per or Rural R	oute Number,	
	To the Hospital or Attending i within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	29a. Certifier (Check only one) 15 Certifying Phy 2 Medical Exam	relctan: To the best lner: On the besis of end menner st	of examinetio	edge, deeth occur n end/or investige	ed et the	time, dete and plece, opinion, deeth occur	end due to the ce red et the time, de	ouse(s) end me ete end placa,	enner es stete snd due to the	ed. e cause(s)	
	To the To the Complex	M	29b. Signeture end title of certifier		~	~9	29c. Licer D 30	nse number 0721		May 15		y, Year)	
	Sta		30. Name endiadress of person who of Dr. Jeffrey N. (31. Date filed (Month, Dey, Year)	lowen MD		West Nin	th St	reet, Fre	derick,	Marylar	nd 2170	01	

Registrar

State

MAY 1 6 1996

32 Registrer's Signeture

BALTIMORE, MARYLAND 21215-0020	within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Memal Hygiene prior to burlal, cremation, or removal.	d, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 6876	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic ev

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

4. S 90.	SOCIAL SECURITY NUME 215-16-28	М	arion T.	Beal	3 7					DATE OF OEATN	DAY	YEAR	3. TIME OF DEATN
90. RE 100.	215-16-28	BER			ال والد	r.			l M	ay ll.	1996		12:30 A M
RE 100.	-	(0	5. SEX 6.	AGE (In yrs. I	ast birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HR	15. 7. D	ATE OF BIRTH Month, Day, Year an. 30,		Count	HPLACE (State or Foreign
RE 100.				85	THS.				J	an.30,			ryland
	Shady Gro	Home	9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY ROCKVILLE MOR							of DEATH of Comery			
	ESIDENCE OF DEC		01102.00 1102	02116	2301110		100	ORC VIII				TOTTOE	omer y
	Maryland	10c. CIT	Y, TOWN OR	ngton	Grov	•	10d. INSIDE CITY LIMITS? 1X YES 2 NO						
100	STREET AND NUMBER		tgomery		1	· · · ·	_	ZIP CODE	4101		I 40 - 04	T17641 OF 1	WHAT COUNTRY?
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3 [Never Merried 2 2 Widowed 4 Divo		FORCES? 1 [OR DATES	ĪNO	1 [YES	cify Cuberi, Me 2 A NO Sp	exican, Pur pecify:	erto Ricen, etc.			k, White, etc. """:White
	15. DEC (Specify oni	EDENT'S EDU	CATION completed)		(Give kind of	USUAL OCC				16b. KIND OF	BUSINESS/II	DUSTRY	
17. 6	Elementary/Secondary (College (1-4 or 5+)	- 4	ile. Do NOT u	enter				Appli	ed Phy	vsics	Laboratory
17. (FATHER'S NAME (First, A	fiddle, Last)			- da F		\neg	18. MOTHER'S	NAME (F	irst, Middle, Mai			
	Marion	Templ	eman Beall	l, Sr.					_	ie Got			
19e.	. INFORMANT'S NAME (1						Number, City or			20880
·	Lillian V				119 W	lashin	gto	n Grov	e La	ne, Wa	shing	ton 0	rove, Md.
	Burlel 2 Cremetic Donation 5 Other		oval from State			of Dispositi	ON/Nan				Gaith		own, State
21. 3	SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	,		22. NA	ME AN	ADDRESS OF	F FACILITY	rth, P.	A .		
	Ellin .	I.M.	desunth	ı						, Dama		Md.	20872
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3		Pending Investigation	(Month, Day,	Year)	IN	JURY M	1 🗌 Y	RK7 ES 2 NO	1	. OLJONIDE III	W INJUNY C	COURLD	
	3 Suicide 8 A Nomicide	Could not be determined	28e. PLACE OF I building, at	NJURY At :. (Specify)	home, ferm,	etreet, lector	y, office		281.	City or Town, S	eet and Numb tate)	er or Rural	Route Number,
290	and and		ICIAN: To the best of m										s) end menner ee steted.
	SIGNATURE AND TITLE	rd n	Katos	OF DEATH (IT	D	Down		DO 6	мимвен	58	294. D/		14, 1996
			Katon, M.D	. 2	0528		i Fa	rm Ros	ad, (German	town,	Md.	20874
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DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF N	MARYLAND /		RTMENT					YGIEN	E		1000	
	t, DECEDENT'S NAME (First, Mid	idle. Last)		01		ICALL	- 01	DLA	11	2. DATE OF				3. TIME OF DE	ATM
- 3)	(100,100	and Eddly	RANDOL	BRIAN	BAKI	PD.				MONTH	D/	ž, 19	YEAR	The second second	
- 2	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 6/03	May 7. DATE OF E		2, 13		12:57	AM
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	9e. FACILITY NAME (If not institut		21	30		9b. CITY	TOWN OF	R LOCATIO	ON OF DE	July 6), 1:		MTY OF D	yland	_
DIRECTOR	209 Waverly I	rive					deri						eder		
ğ		b. COUNTY			10c. Ci1	TY, TOWN O	R LOCATE	ON						10d. INSIDE C	TY
2	Maryland	Frede	erick		Fre	ederi	ck							t X YES 2	□ NO
AL AL	10e. STREET AND NUMBER						101.	ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNTRY	
ER.	209 Waverly I	rive						217	02			τ	J.S.A	١.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Mer 3 Widowed 4 X Divorced	ried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED			city Cube	n, Mexica	IIC ORIGIN? (S n, Puerto Ricar /:		or No-	14. RAC Blac Spec	E — American in k, White, etc.	idlen,
	15. DECEDE (Specify only hig	NT'S EDUC	ATION	16a, DE	CEDENT	USUAL OC	CCUPATIO	N		16b. KIN	ID OF BUS	SINESS/INI			
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0	17. FATHER'S NAME (First, Middle	, Lest)						18. MOTI	HER'S NA	ME (First, Middl	le, Maiden	Sumame)			
BE	Gerald R. Ba	aker						Ge	neva	a L. Ba	arnai	cd			
2	19e. INFORMANT'S NAME (Type/I	Print)		19	b. MAILIN	G ADDRESS	(Street en	nd Number	or Rural I	Route Number, (City or Tow	n, State, Zij	p Code)		
-	Gerald R. Bak	ker		1	730]	Flore	nce	Road	, Mt	. Airy	7, MI	217	771		
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 4 Donation 5 Other (Spe	ecify)		20b. PLACE cematery, cre Smit	emetory or					5/13				own, State Maryl	and
	21. BIONATURE OF FOREIGN. SE	ENVICE LICE	Date	luf	4	RO		Ε.	DAII	LEY & S				HOMES,	
	23. PART I. Enter the disea	sea, or co	omplications III	edused the de	n Do	no1 enter	the mod	de of dy	ing, auc	h sa cardiac	or reap	ratory ar	real,	Approx	
	shock, or heart IMMEDIATE CAUSE (Final	Tailure. L	ist only one	ise on each lin	4										Between and Death
	disease or condition			ALDS										Q	1-0
	resulting in death)	8		(OR AS A CONSE	OUENCE (OF);								8	482 .
z			W	astini	a	Sym	dro	me	L					1 1	48.
CERTIFICATION	Sequentially list conditions if any, leading to immediat		DUE TO	(OR AS A CONSE	DENCE C	471 ()									nths
S	cause. Enter UNDERLYING CAUSE (Disease or Injury		Re	ystos	bo4i	dios	uis.							6 r	nths
	that initiated eventa		DUE TO	(CR) AS A CONSE	QUENCE (OF):									
H	resulting in death) LAST	d													
. 1	PART II. Other algolificant	conditions	contributing to	death but not	resuiting	in the un	nderlying	Cause	given in	Part I. 24	. WAS AN	AUTOPSY	24	b. WERE AUTOPS	FINDINGS
S	Nausea +						,,,,,,				PERFOR	RMED?	. - "	AVAILABLE PRIC	OR TO
	Malnut	a . F.	- (- 1	YES 2	THO		OF DEATH?	
Σ	DID TOBACCO USE	CONTR	IRLITE TO CA	LISE OF DE	ATH Y	FS 🗇 1	ио П	LINIC	ERTAII	N I				1 YES 2 [NO
AN	25. WAS CASE REFERRED TO M		IDOIL TO CA			ATH (Check		ONC	LKIAII	1 L					
PHYSICIAN: MEDICAL	EXAMINER?		HOSPITAL:			OTHER	R:	- 100		A 🗆 au					
¥	27. MANNER OF DEATH		28e. DATE OF		286. TH	1	28c. INJU		eddence	8 Other (S)		NJURY O	CURED		
	1 Natural 5 Pen			Day, Year)	IN	JURY M	WOR		NO.	200. 00000			JUINED		
BY	2 Accident Inve	stigation					٠ ـ .	-9 2	_ ,40						

28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 5 Pending Investigation 1 Vitatural 2 NO 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 8 Could not be 4 Homicide

29e. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D26137

abelon 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Anusha Belani, MD

198 Thomas Johnson Drive, Frederick, MD 21701

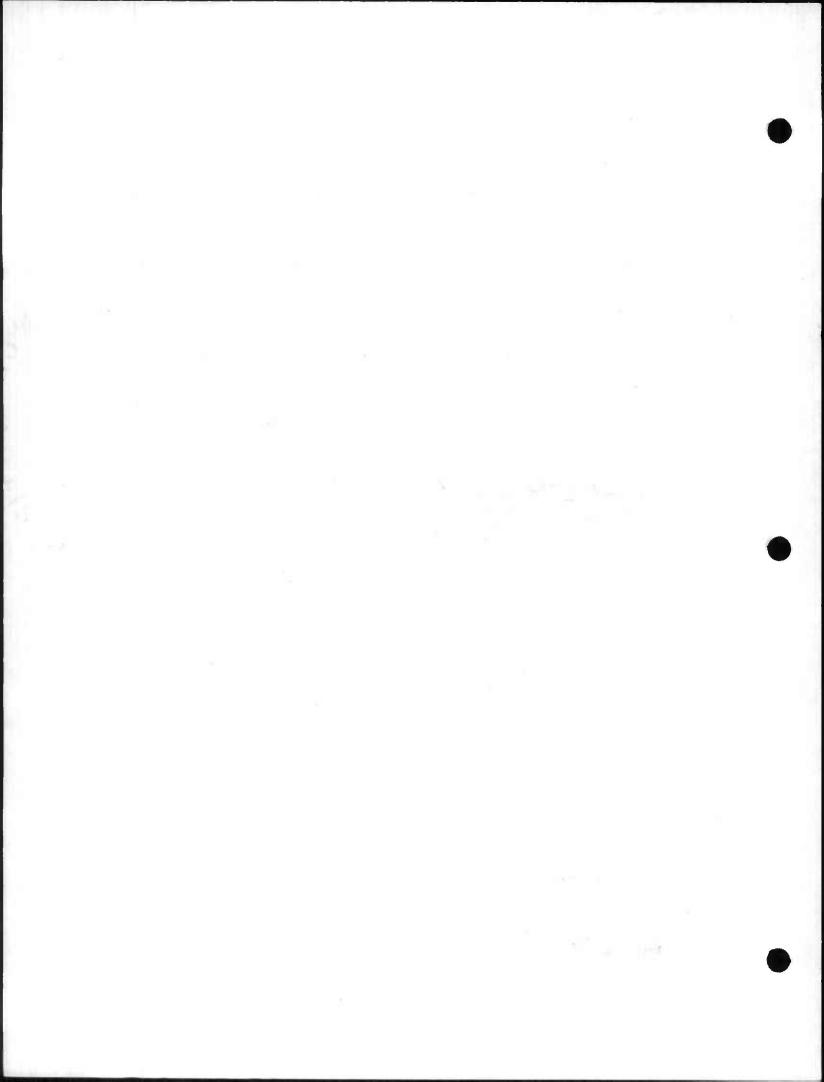
31. DATE FILED (Month, Day, Year)

COMPLETED

BE

32 REGISTRAR'S, SIGNATURE

5 13 96



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 | 5970

						Cei	tificat	e of	Death		R	eg. No.		
	Physic /Medi		Decedent'e Neme (First, Middle, Las Jean	Deloris			BAKE	R			2. Dete of Dee Month May 10,		Yaar	3. Tima of Death 12:15 AM
F	Exami		4a. Facility Name (If not Institution, giva Meridian Nursin						Frede	erick		F	reder	
	Funeral Director	ľ	5. Sociel Sacurity Number 6. Se 220-30-7746	- ATT-	a (In yrs. les 60	t birthday) Yrs.	If Under Months	1 Yaar Days		Min.	8. Dete of Birth (Month, Dev NOV • 17	Yeer] 1935	9. Birthp Court Mary	pleca (Stete or Foreignty) Land
	e Merylend Sa-f show	ctor	10e. Stete 10b. County Maryland Frederic	k	10c. City, 1 Fred	Town or Lo deric							1	0d. inside City Limit
	23a or 28	Funeral Director	613 Himes Avenue	, Unit 10	1		10f. Zip 21	Coda 703			1	U.S.		ntry?
020	d within 72 hours after death with the Merylend jiene. I than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at		11. Marital Status 1 Never Married 2 Merrled Widowed 4 Divorced	12. Was Decedent I Armed Forces? 1 ☐ Yes 2 ☐ N If Yes, Give Yeer or Dates:		1	Vas Deced Yas, sped I□Yes	cify Cub	an, Mexican	, Puerto	ecify Yas or No- Rican, etc.)	Bia	ck, White,	atc.
Maryland 21215-0020	within 72 ho iene. than *natur the Medical	Completed by	15. Decedent's Edi (Specify only highast grad Elementary/Secondary (0-12)	ucation fa com <i>plated)</i> College (1-4or 5		life. L	lent's Usua kind of wo DO NOT us nemak	rk done se retire	during most	t of worki	ing			
yland	tel Hyg d othe event,	To Be C	17. Fathar's Name (First, Middle, Last) William Thoma	s KABRICK	_				En	nily	Louise	Melden Sumer LENH	n <i>e)</i> ART	
	as 1 and 2 should of Heelth and Man item 27 is marke other traumatic		Ricky L. Baker, S			613 1	Himes	Ave			101, Fre	derick	, Md.	21703
Baltimore,	to T		20e. Method of Disposition 1 Burial 2 Cremetion 3 I 4 Donetion 5 Other (Specify,		cem	e of Dispo etery, cren naven 1	netory or o	ther ple		May	Data 13, 1996			
Pail	permit. Pag Department Important: t any injury o		21. Signeture of Funerei Service Licens Richard E . 1	tral MO	0255	1 1 (Keene 06 Ea	y ai	Church	ford St.	l P.A. F	rick, l	nty of Death Frederi 9. Birthpie 0 Mary 1 10 of What Countr .A. lece-America Biack, White, al city: Whit Business/Indu Wm Home HART wn, Stete, Zip 0 k, Md. on - City or Tow erick, 1 Home Md. 21 contribute to to 0 3 Probe 24b. Wer evai conf di 0 1 1 contribute to to 0 1 Probe 1 Courred menner as state pened (Month, D 10, 199	
)	Physician /Medical Examiner		23a. Part1. Enter the disasse, or comp shock, or heert feilure. List only of Immediate Ceuse (Final disasse or condition resulting in death)	lications that caused ne cause on each iir	tha deeth.	Do not ent	er the mod	e of dyl	Ing, such es	oardiac o	or raspiratory arr	ast,		Approximate intervel Between Onset and Deeth
	EUT N	liner		b	Due to (or e	-							1	1975
x 68/60,	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be detached for use as the buriel-trensit	Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last	e PE	Due to (or as R P) Due to (or as	BRA	LV	TA	`WLA	RI	FCA571	6	1	61200
P.O. Box	res thet the death ce signed by the attendia I be detached for use	Physician/	Pert II. Other algnificant conditions co	ntributing to death bu	ut not resultir	ng In tha ur	ndarlying c	ausa gi	van in Part i		23b. Did to			the cause of death
or vital necords,	aw requires t is been signe 2 should be	Completed by	Systemic	Lupus		enr		6	1991		24a. Wes a perfor	an eutopsy med?	ev	ere eutopsy findings ailable prior to mpletion of causa death?
וומוו	The ate h	Be	PARANU 10 25. Wes case referred to medical exeminer?		orhi	(0N)	A				1 □ Yo	ne)		Yes 2 No
UO!	arth. r: After this	Certification: To	27. Menner of Deeth Netural 5 Pending Investigation	1 ☐ inpatia 28e. Dete of Injui (Month, De)	ry 28	VOutpatien Bb. Time of injury		8c. inju Wo			me 5 Reside			y)
	To the Hospital or Attend within 24 hours effer death To the Funeral Director: , completely filled in by the		3 Suicide 6 Could not be datermined	28e. Placa of Injubul	c. (Specity)						City or Tow	n, Stete)		il Routa Number,
	the Host thin 24 ho the Fund mpletely fi	Medical	(Check only one) 2 Medical Exami	sician: To the best of nar: On the basis of and manner sta	examinetion	dge, deeth end/or Inv	restigetion	, in my	opinion, dee	d piece, th occurr	ed et the time, d	late and piace,	end due to	the cause(s)
)	5 × 5 %		29b. Signeture end title of certifier 30. Neme end eddress of person who co	ompleted cause of de	M) eeth (Item 23	3a) (Type.			21944		2			
	Sta	1.00	Dr. James S. Gr. 31. Dete filed (Month, Dey, Year)	issom MD 3	300 We	st Ni	nth :	Stre	eet, F	rede	rick, M	arylano	1 2170	01
	Regist	ar	MAY 1 3 19	36 July	davel	worken	Lett.							

DHMH 16 Rav 6/95

Lynn - Sylval

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	/Medi Exami		4e. Facility Nama (If	not institution, g	giva street and n		74150		211				Location of De			y of Death		
_			26 Wincl			7 A //-	It at b	tuals also a	If Under	1 Voor	Fred If Under			D1:4b			eder:	
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	or 28a-	Director	10e. Street end Num		CI				10f. Zip	Coda	217	01		10g. (Citizan of	What Cou	intry?	
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0	after death with the Marylar or Name 23a or 28a-1 show unkner, must be notified at	/ Funeral	11. Maritel Status 1 ☐ Nevar Marrie	ed 2 Married	Armed F	cedent Ever Forces? 5 2 No Giva	in U,S.		Vas Deced Yes, spec ☐ Yas 2				pecify Yas or o Rican, etc.)	No-	Bia	ce - Ameri ack, White	, etc.	
Maryland 21215-0020		d by	3X Widowed	4 Divorced	Yaar or	Datas:									Specil	ry.	W	hite
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lan	Mental Mental arked c	To B	John Wil	liam Sp	eak						Ne	11ie	Gerti	rude	Simm	ners		
ary	show mar	-	19a. Informant's Na	me/Ralationship	(Type, Print)		19	b. Mailin	g Address	(Stree	t and Numbe	er or Ru	ral Routa Nur	n <i>ber, Cit</i>	y or Town	, Stete, Zi	p Coda)	
	and 2 salth 1 27 h er tra		Charles W	lilliam	Bare			202	West	: 12	2th St	reet	t, Fred	derio	ck, M	1d. 2	1701	
ore	ges 1 and t of Health If Nem 27 or other t	1	20a. Mathod of Disp		□ Domoval from		Ob. Placa o	of Dispos	sition (Name	na of thar pla	ace)		Data	20c.	Location	- City or T	own, Sta	ite
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Baltimore,	Depart mport any inj		21. Signature of Fur	naral Sarvice Lic	ansee /	DMC	0021	22.	Nema and	d Addr	ass of Facilit	ty SEO1	rd Fune	ra 1	Ноте	3		
ш	70759		Xacha	rd C.	1 Da	stra	0021						Street				Md.	21701
	THE R. P.		23a. Pert1. Enter the shock, or haar	e disaasa, or co	mplications that	t daused the	deeth. Do	not enta	r tha mode	a of dy	ing, such as	cardiec	or respirator	errest,				xlmate al Between
	Physician				,												Onset	and Deeth
4	/Medical Examiner		Immediata Causa (F	Finel 7	8. 1	Cardi	al	æ	rely	the	ma						Der	v trous
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89	of phys	Pel	resulting In death) L	est		200	to (or as a	consequ	onica on.									
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. B	the atte	Physician	Part II. Other signific	cant conditions	contributing to	death but no	t rasulting	In tha un	darlying ca	ause gi	ivan In Part I	 l.	23b. D	id tobac	co use co	ontribute 1	to the ca	use of death?
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of Vital Records,	been s	Completed by											24a. W	as an au nformed	topsy	8/	vallable p	
9	has by pa 2 st	nple	7-														ompletion f death?	n of cause
E .	두 물론	Sol											10	Yes	20No	1	☐ Yas	2 10 No
/Its	Physician: this certific ral director.	Be	25. Was case referre	ed to medical	14 - 25 -							of Dee	th (Check on	y ona)	1			1
to	thysis al direct	2	1 □ Yes 20214				2 ER/O			^		ursing H	oma 5 R				fy)	
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DIV	al or Att	Sertific	3 ☐ Sulcida 4 ☐ Homicide	6 Could not datarmine	208. Plac	ce of Injury - ding, atc. (S)	At homa, fo	arm, stre	at, factory	, office			28f. Location City or	n (Street Town, Sti		ber or Rui	al Routa	Number,
	To the Hospital or Attending within 24 hours after death. To the Fursers Director: After completely filled in by the fune	edical	29a. Certifier (Check only one)	Eertifying F	aminer: On tha	na best of my basis of axai	knowledg mination ar	a, daath nd/or inv	occurred a astigation,	at tha ti	lma, dete an opinion, dea	d place	, and dua to the timed at the time	na causa a, data a	(s) end m and place,	ennar es : , and dua !	stated. lo tha ca	use(s)
	Night Nathin Somp	ž	29b. Signature and	tie of certifier					29c	. Llcan	sa number			29d. [Data signe	ed (Month,	Day, Ye	er)
•	F-F-9		17	me		N	W			1	18063	3			576	18		
			30. Name and addre	ss of person wh	o completed car	usa of death	(Item 23a)	(Type 5		9	1000				101	10		
			/							പ്പ	riol-	M	Sec Ive	2170	1			
	Sta	ite	31. Dete filed (Month		32	Ragistrar's S	Jonetura	Ave.	FE	eue.	LICK	Mar	YTANG	Z1/U	1			
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DHMH 16 Rev 6/95

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		1. Decedant's Name (First, Middle, La	st)		OUT	meate of	Doam	2. Date of Da	Reg. No.		3. Tima of De	ath
Phys	ician	RONALD				BOGGS		Month	Day	Yaer	2022	
	dical	4e. Fecility Nema (If not institution, giv	JUNIOR			DOGGS	4h City Town	MAY , or Location of Deat		1996 ty of Death	2022	111
Exar	niner —	515 WEST LEWI	S SHORE R				ELKTO	N	CE	CIL		
Funer Direct		5. Social Sacurity Number 6. S 212-02-9535	Sex 7. Age ((In yrs. lest b		If Undar 1 Yee Months Deys	Hours I	Min. 8. Dete of Bin (Month, Dete			piece (State or Fo otry) yland	reign
inyland		10a. Stata 10b. County	1	IOc. City, Tov	wn or Loca	ation				1	0d. Inside City L	
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E 22 E	Director	10e. Street and Number				10f. Zip Code			10g. Citizan o	f Whet Cour	itry?	
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ema ma	Funeral	11. Maritel Stetus	12. Wes Decedent Ev Armed Forcas?	er in U,S.	13. We			? (Specify Yes or No Puarto Rican, atc.))- 14. Re	ace - Americ		
Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic avent, it a Medical Examiner must be notified at	by	1 ☐ Naver Married 2 ☐ Merried 3 ☐ Widowed 4 ☒ Divorced	1 ☐ Yes 2 ☒ No If Yas, Giva Yeer or Detas:			JYes 2⊠No			Spec		nite	
Baltimore, Maryland 21215-0020 somit. Peges 1 and 2 should be filed within 72 hours eft Department of Heelth and Mental Physiene. mportant: if them 27 is marked other than "natural", or many injury or other traumatic avent, in Medical Exercising Injury or other traumatic avent, in Medical Exercising	Completed	15. Decedant's Ed (Specify only highast gra	ducation ada complated)	166	(Giva ki	nt's Usuei Occu ind of work done O NOT usa retir	e during most of	f working	16b. Kind of	Business/Inc	dustry	
withii she	Ę	Elemantery/Secondery (0-12)	Collega (1-4or 5+)				60)					
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and the state of t	Be	Ronald Gary Boggs								airio)		
D Moule	2	19a. Informant's Name/Ratationship (10	h Melline	Address (Stra		ce Fern Da or Rural Routa Numb		m State 7in	Codel	
Ma d2s d2s than 7 le i			rype, rimi)									
the Heel		James Blakeley 20a. Mathod of Disposition		20b. Ptace	Spri of Disposit	tion (Nama of Nory or other pl	se Court	t, Rising	Sun, M	D 2191	Wn Steta	
more of the High Hard		1 ⊠ Buriet 2 □ Cramation 3 □										
Total Line		4 Donation 5 Other (Specification 21. Signature of Funeral Service Licen		GIIPI		nor Mem		rk 5/23/96	Elktor	ı, Mar	yland	
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-		Color L	www.	a death De				treet, No		t, MD		
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Of VILLA Physician: this certific ral director,	10	Wes 2□ No	Hospitat: 1 Inpatient	2 ER/0	Outpatient	3□ DOA O	thar: 4 Nursi	ng Homa 5 ☐ Ras	dance 8XX	ther (Specif	YARD	
on on offing Ph. th. After th. funeral		27. Mannar of Death 1 Natural 5 Pending 2 Accident Invastigation	28a. Data of Injury (Month, Day Y	(ear)	Tima of Injury	28c. Inje W	uryat ork?]Yas 2⊠No	0,60	how injury occ	wrred		
DIVISION O pital or Attending Ph ours after death. oral Director: After th filled in by the funeral	Certification:	3 Suicide 6 Could not be detarmined		- At homa, f	arm, strae			28f. Location (Hora R	
Hospital 24 hours a Funeral Dietely filled		29a. Cartifier 1 Cartifying Ph	ysician: To the best of r		a death o	occurred at the	time date and n					- (
Hos T 24 hos Fun- pletely	edical		ninar: On the basis of an and manner state	camination a	nd/or inve	stigation, in my	opinion, death	occurred at tha tima,	data and place	and due to	the cause(s)	

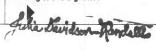
State Registrar

David 31. Data filad (Month, Day, Year)

29b. Signatura and title of certifier

32. Registrer's Signatura

30. Name and addrass of person who completed causa of death (item 23a) (Type, Print)



29c. License number

O.C.M.E

111 Penn Street, Baltimore, Maryland 21201

29d. Data signad (Month, Dey, Year) MAY 20, 1996

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Cei	rtificate	of L	Death			Reg. No.			
	E		1. Decedent's Name (First, Middle, La	ast)							2. Date of De	eth	Veer	3. Time	of Death
	Physic /Medi		Gerald Elwood	Beamer	Sr.						Month May	16 1	996	3:30	A.M.
A	Exami		4a. Fecility Name (If not institution, given 140 Hilltop Roa)			41	city, To E1k		ocation of Death		y of Death		
	Funeral Director		213-20-0234	Sex 7. A 1)X∏ M 2 □ F	ge (In yrs. las 81	t birthday) Yrs.	If Under 1 Y	/ear /eys	If Under Hours	Min.	8. Date of Bird (Month, Da August	h y, Year) 17, 191			o <i>or Foreig</i> n irgini
	and *		Usuei Residence of Decedent 10a. State 10b. County		10c. City, 7	Town or Lo	cation						1.	10d. Inside	City Limits
	he Maryli 8a-f sho ctiffed a	Director	Maryland Cecil		E1k						T			1 ☐ Ye	s 201No
	with the	吉	10e. Street end Number				10f. Zip Co					10g. Citizen of			
	23a	eral	140 Hilltop Road	_	Free in 11.0	10.1		921		I-1-0 (D-				tates	3
020	should be filed within 72 hours after death with the Maryland nd Mental Hyglena. marked other than "natural", or items 23s or 28s-f show unatic event, the Medical Exercises marke incitied at	by Funeral	11. Meritel Stetus 1 Never Married 2 Married 3 Mydowed 4 Divorced	12. Was Decedent Armed Forces' 1 Yes 2X If Yes, Give Yeer or Detes:	?		f Yes, specify	Cubar	n, Mexicar	n, Puerto	ecify Yes or No Rican, etc.)	Bla	ck, White, by: White		
Maryland 21215-0020	ithin 72 ho a. an "natur Med cal	Completed by	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12)	ducation ade completed) College (1-4or		(Give life. i	dent's Usual O kind of work of DO NOT use r	fone d	uring mos	t of work	ing	16b. Kind of B	Business/In	dustry	- 1
21	yglen Fr th	Con	11			Lum	berman					Lumbe			
and	be filed tal Hyg d othe	ag B	17. Fether's Neme (First, Middle, Last	")								Maiden Sumai	me)		
N N	d 2 should th and Mer 7 is marks traumatic	5	William P. Bea								Vortman				
Mai			19e. Informent's Name/Relationship	(Type, Pnint)		19b. Mailir	ng Address (S	treet a	n <i>d Numb</i>	er or Run	ai Route Numb	er, City or Town	, State, Zip	Code)	
	l and laalt		Larry M. Beamer/ 20a. Method of Disposition	Son	20h Plac	140	Hillto	p_R	oad,	E1kt	on, Ma	ryland 20c. Location	21921	Out Ctate	
Baltimore,	permit. Pagas 1 and 2 Department of Health s important: if from 27 is any injury or other tra once.		1 Burial 2 Cremation 3 4 Donetion 5 Other (Special	fy)	cem	in Ma	nor Mei	r place no r	ial 1		5 - 20	E1kton	•		l
Bal	Departiment in poor in		21. Signature of Funeral Service Lice	nsee		22	Name and A Hicks	Ho	s of Fecili me fo	or Fu	nerals	, P.A.			
_	60240		Donud.	8. Hie	bo							kton, M	aryla	nd 21	921
B			23a. Part1. Enter the diseese, or com shock, or heart failure. List only	piications that cause one cause on each i	d the death. line.	Do not ent	er the mode o	f dying	, such as	cardiac o	or respiratory a	rrest,		Approxim Interval B	etween
М	Physician (Markins)		lamenta Causa (Final										1	Onset and	J Death
	/Medicai Examiner		immediate Cause (Final disease or condition resulting in death)	a Carci	noma	of t	he lu	ng	wit	h me	etasta	sis	1		
		<u></u>	Todam's woodily		Due to (or a	s a consec	juence of):						1		
	ped useft	Examiner	_	b. Coron			y dis	ea	se				- 1		
	and and	хаг	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or e										
60	be a sician buris		Cause. Enter Underlying Cause (Disease or injury thet initieted events	c. Perip			cular	d.	isea	se			i		
68760,	death certificate be axecuted e attending physician and of for use as the burial-transit	Medical	resulting in deeth) Last		Due to (or es	s e conseq	uence of):						i		
×	nding usa a	M		d											
Bo	attand for us	Physician/						II. S			1				
o.	the the	ys	Part II. Other significant conditions of	contributing to death t	out not resultii	ng in the u	nderlying caus	e give	n in Part i	l.	1/	lobacco use co			
0	that ned b	by PI									1/2	Yes 2□No	3 Pro	Debty 4	Unknow:
Records,	requiras (een signe hould be	D D										an autopsy	24b. W	ere autops	y findings
00	20 00	lete									perfo	rmed?	CC	vaileble prio impletion of death?	cause
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Viital		ပိ	25. Was case referred to medical						00 81	(D H	10	- '	11	☐ Yes 2	_ NO
>		OB	examiner? 1 Yes 2 No	Hospital: 1 ☐ inpati	iont OFF	VOutpatier	at 3 DOA	Othe	g	ursing Ho	Check only		has /Cassi	4.1	
o	Physical designation	-	27. Manner of Death	28a. Dete of inju		Bb. Time of		injury Work				denca 6 ⊟Ot now Injury occu		у)	
Division	th. : Aftar a fune	i i	1 Naturai 5 ☐ Pending 2 ☐ Accident investigatio		ay Year)	Injury	м		? ′es 2 🔲	No					
18	or Attending after death. Director: After in by the fune	flea	3 ☐ Sulcide 6 ☐ Could not b	28e. Place of in	jury - At home	e, farm, str	eet, factory, of	ffice			28f. Location (Street and Num	ber or Run	al Route No	ımber,
á	るまだこ	Certification:	4 Homicide		(c. (Specify)	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City or To	vn, State)			
	To the Hospital or within 24 hours afte To the Funeral Dir complataly filled in	edical C	29a. Certifier 110. Certifying Pt (Check only one)	nysician: To the best miner: On the basis of and manner si	of examination	odge, death and/or in	occurred at the	he tim	e, date an inion, dea	d place,	and due to the ed at the time,	cause(s) and m	anner as s	itated. o the cause	e(s)
	ithin o th omp	Me	29b. Signature and attle of certifier				29c. Li	cense	number			29d. Dete sign	ed (Month,	Day, Year)
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	8		20 Normand	vicer	41			.,,	10/					16	7
			30. Name and address of person who	completed cause of	ueath (Item 2:	11 ₁₁	rint)	o t	F 11-	ton	Marula	nd 2192	21	•	
	Sta	to	Kenneth Corrii 31. Dete filed (Month, Day, Year)	n, M.D. I	LI Wes	6	an otte	eL,	EIK	con,	mar y 16	2174			
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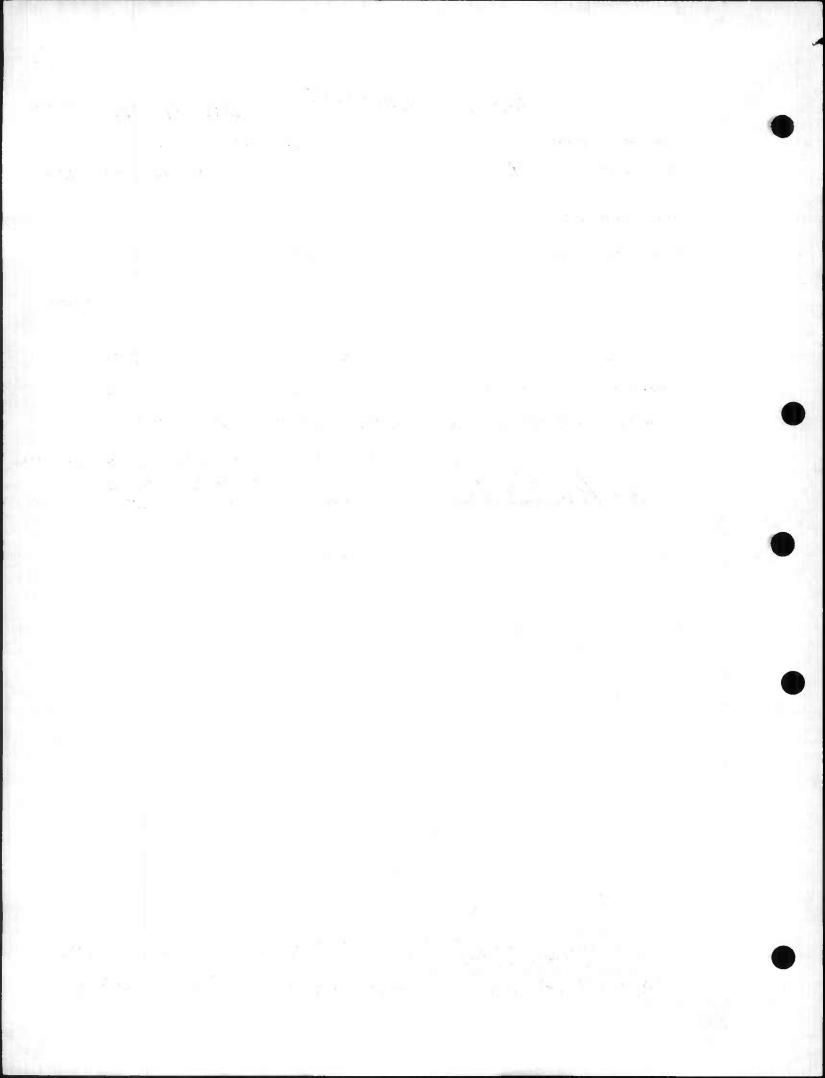
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended item #5 per F.D. Certificate of Death Carroll Co. P.L.C. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death MARTHA G. BARNHART **Physician** Month PM MA 1996 /Medical 4c. County of Death 4a. Fecility Neme (If not institution, give street end number 4b. City, Town, or Location of Deeth Examiner NORTHWEST HOSPITAL RANDALLSTOWN BALTIMORE 8. Dete of Birth (Month, Day, Year) 9. Birthplece (Stete or For Country)
OCT. 6. 1930 PENNSYLVANIA If Under 1 Year If Under 24 Hrs. 5. Sopial Sepurity dymber 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2 F Days 65 215 26 1461 Yrs. Director Usuel Residence of Decedant the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Insida City Limits "natural", or items 23a or 28a-f show adical Exerviner must be notified at 1 Tyes 2 □ No MARYLAND CARROLL Director SYKESVILLE 10e. Straat and Numba 10f. Zip Code 10g. Citizen of What Country? 7309 SECOND AVENUE 21784 USA Funeral death 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes ≥ ☐ No If Yes, Give Yaar or Dafas: Was Decedent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, atc. 11. Merital Status permit. Pagas 1 and 2 should be filed within 72 hours aftar of Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or iter any injury or other traumatic avant. 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yas 2 ☐ No Specify: Specify: þ 3 □ Widowad 4 □ Divorced CAUCASIAN Completed 16a. Decedent's Usuei Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 YEARS HOUSEKEEPER PRIVATE COLLEGE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) EMMANUEL JEFFCOAT ELIZA SILLIK 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) CHARLES E. BARNHART, JR. SON 23 FREDERICK STREET TANEYTOWN, MARYLAND 21787 20b. Piece of Disposition (Nema of cemetery, cremetery or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removal from Stafe
4 Donetion 5 Othar (Specify) MEADOW BRANCH CEMETERY 5/21/96 WESTMINSTER, MD. 21158 22. Name and Address of Facility 136 EAST BALTIMORE STREET 21. Signature of Europeai Santce Licenses SKILES FUNERAL HOME TANEYTOWN, MARY AND 21787 23a. Pent1. Enter the disease, or complications that could find death. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** CONGESTIVE HEART FAILURE /Medical Immediete Ceusa (Final disaese or condition resulting in deeth) Examiner sician and burial-transit be axecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): YOCAR DIAL INFARCTION attanding physician for usa as the buria Box 68760 Physician/Medical been signed by the a should be datached P.O. Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 □ Probably 4 ☑ Unknown Records, by 24b. Were autopsy findings available prior to complation of causa of death? 24e. Wes an autopsy performed? Completed 2 No certificata Division of Vital Attending Physician: 25. Was case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 10 1 Yes 2 No 1 Unpatient 2 ER/Outpatient 3 DOA this 27. Menner of Death 28a. Date of fnjury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Aftar 5 Pending investigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fun. Neturel 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the bast of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) end manner stated. 29e. Certifie Medical one) 29b. Signetura and title of centifier 29c. License number 29d. Dete signed (Month, Day, Year) use of death (Item 23a) (Type, Print) 30. Name and address of pa rson who completed ca NORTH WEST HOSPITAL CENTER RAYNOLD Registrar's Signatura 31. Dete filed (Month, Day, Year) MAY 2 () State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** Jay Month Yaar A. Burke 40 1996 May 17, /Medical 4a. Facility Nama (If not Institution, give streat and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6507 Pin Oak Court (RESIDENCE) Clinton Prince George 5. Social Security Number 0409 If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 60 yrs Birthplace (Stata or Foraign Country) **Funeral** Days ₩ 2 F Yrs Director 578-46-0490 1935 Washington DC Usual Rasidance of Decedant death with the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Prince George Clinton 1 ☐ Yes 2 XNo Director 10a. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6507 Pin Oak Court 20735 United States Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ② No If Yas, Giva Year or Dates: 14. Race - American Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status permit. Peges 1 end 2 should be filed within 72 hours effer of Depertment of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or ther any injury or other traumetic event, the Medical Event 1 Nevar Married > Married Saltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 Lab Technician Food & Drug Adm. 18. Mothar's Nama (First, Middla, Maiden Sumama) 17. Father's Name (First, Middle, Last) Be Deloise G. French L. Burke Johnson 10 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Madelein Burke 6507 Pin Oak Court, Clinton, Maryland 20735 20b. Place of Disposition (Nama of cemetary, cramatory or other place) May 21, 1096 20a. Mathod of Disposition 20c. Location - City or Town, Stata MBurial 2 Cramation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park Hyattsville, Maryland 22. Nama and Addrass of Facilityee Funeral Home, Inc 6633 Old Alexandria Ferry Rd, Clinton, Md 20735 wel 23a. Part1. Enter the diseasa, or comblications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immediata Causa (Final Metastatis Colon Cany 2 Glaus disaasa or condition resulting in daath) Examiner Examiner siclan and buriel-transit Sequantially list conditions, if any, laading to immediate causa. Entar Undarlying Causa (Diseasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): physician a P.O. Box 68760, Physician/Medical Due to (or as a consequence of): 9 0 signed by the et id be deteched fo Part II. Other signiffcant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. by pege 2 should b 24b. Wara autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy certificate hes 1 Yas 2 No 1 TYes 2 No Division of Vital To the Hospital or Attanding Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifica completely filled in by the funeral director, I Be 25. Was casa rafarred to medical 26. Placa of Daath (Check only ona) Othar: 4 Nursing Home 5 Rasidence 6 Othar (Specify) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No 27. Manper of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending Invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicida 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Cartifiar 29b. Signatura and title of certifiar 29d. Data signed (Month, Day, Year) 29c. Licansa number 5-20,9K 30. Nama and addrass of person who complated cause of death (item 23a) (Type, Print) Robert M. Nedzbala, M.D. 11701 Livingston Rd, #101, Fort Washington, MD 20744 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State Walin Davidson Rardall MAY 21 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 8 50 Catherine Month Yaer **Physician** Blansfield race MAY 13 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Harford Memorial Hospital Havre de Grace Harford | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Months | Days | Hours | Min. | Winder 24 Hrs. | 1. Days | Min. | Winder 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | 02-12-1917 5. Social Security Number 7. Aga (In yrs. lest birthdey) Birthplaca (Stete or Foreign Country) **Funeral** 1□ M 20XF Yrs: 213-16-4706 79 Director MD Usuel Residence of Decedent with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or flems 23a or 28a-f shot traumatic event, the Medical Examiner must be notified at 1 ☑ Yes 2 ☐ No Director MD Harford Havre de Grace 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 314 N. Stokes Street 21078 permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Menial Hygiena. Important: If item 27 is marked other than "natural", or items 23a empt injury or other traumatic event, the Medical Examiner interest once. USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Bleck, Whita, etc. 1 ☐ Yes 2 ☑ No If Yas, Giva Yeer or Detes: 1 ☐ Nevar Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖫 No Specify: à Specify: White 3 M Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 6 Homemaker Home 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Harry Russell Mable Hughes 2 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Earl Blansfield - Son 3609-A Birch Street, Dover, DE 19901 20b. Place of Disposition (Nema of cemetary, crematory or other piece) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ₺ Burial 2 □ Cremetion 3 □ Removal from Stete 4 □ Donetion 5 □ Other (Specify) Spesutia Cemetery 5/17/96 Perryman, Maryland 21. Signeture of Funerei Service Licens 22. Nama and Addrass of Facility Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onsat and Deeth Physician /Medical da Immediete Ceuse (Finel diseese or condition resulting in death) Examiner Examiner physician and s the burial-transit that the death certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events rasulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): signed by the attending d be detached for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Aq 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed peen irector, page 2 s 2 X No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: '24 hours after death. Funeral Director: After this certifica 25. Wes case referred to medical examiner?

1 Yes 2 No funeral director, Be 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Certification: 28b. Time of 5 Pending 1 Neturel 1 ☐ Yas 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 3 4 - Homicide To the Hospital or A within 24 hours after To the Funeral Directompletely filled in by 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the ceuse(s) and menner es steted. edical 2 Madical Examiner: On the besis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated.

State Registrar 31. Dete filed (Month, Dey, Year)

29b. Signatury and title of certifie

32. Registrer's Signeture

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Valia Davidson Rardall

man

29c. Licensa number

29d. Date signed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Yeer C. Del Borrell Alice. May 9, 1996 10:52 AM /Medicai 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner | Silver Spring | Mor | Months | Deys | Hours | Min. | B. Dete of Birth (Month, Dey, Year) | Dec. 3, 1919 1103 W. Nolcrest Drive Montgomery 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country) **Funeral** 1□M 2KIF 577-34-9220 76 Yrs Director Usuel Residence of Decedent 10e Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No Directo Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zin Code 10g. Citizen of Whet Country? 1103 W. Nolcrest Drive 20903 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bieck, White, etc. 1 Never Merried 2 Married altimore, Maryland 21215-0020 6 1 ☐ Yes 2 No Specify: Specify: b 3₺ Widowed 4 Divorcad White "natural", 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiane. College (1-4or 5+) Eiamantary/Secondary (0-12) Homemaker Own Home Pegas 1 and 2 should be filed nent of Haalth and Mentel Hygi-nt: If Item 27 Is marked other 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Otto Butler Catherine Cronin 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Faith Beanland / Daughter 8480 Heatherwold Drive, Laurel, Maryland 20723 20b. Pleca of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 6 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 □ Donetion 5 □ Other (Specify) Gate of Heaven Cemetery |5/11/96 |Silver Spring, Maryland 22. Name and Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue 21. Signature of Fageral Service Licensee Silver Spring, Maryland 23e. Part1. Enter the disease, or complications the daused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finei Detrydration
Due to (or es e consequence of) disease or condition rasulting in deeth) Examiner obstruction physician and s tha burial-transit requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate causa. Entar Underlying Cause (Diseese or Injury that initiated events resulting in daath) Lest gastric cancer · Metastatic Physician/Medical Due to (or es e consequerce of): Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by the a should be datached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown lalnutrition 24b. Were eutopsy findings eveilable prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? cartificata 1 ☐ Yes 2 No Division of Vital 25. Wes case rafarrad to medical Be 26. Piaca of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Manpatient 2 ☐ ER/Outpatient 3 ☐ DOA spital or Attending Physis nours after death. neral Director: After this or y filled in by the funeral di 2 1 Yes 2 XNo 28c. injury et Work? 27. Menner of Death 28a. Dete of injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturai 1 ☐ Yes 2 ☐ No 2 Accident 6 Couid not be determined 28e. Piece of injury - At home, ferm, streat, fectory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide To the Hospital o within 24 hours af To the Funeral D complately filled la 1) Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pieca, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the causa(s) end menner stated. 29a. Certifier Medical (Check only one) 29b. Signature and the of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D43330 green 50/+ 20770 30. Name and eddress of person who completed cause of daeth (Item 23e) (Type, Print) 7500 Handrepa-Kung Snite 205
BARRY GREENE 104(0 Churchillhay Laurel Md 207 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture

State Registrar

MAY 14 1996

Jahr Davidson Rawlatt

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

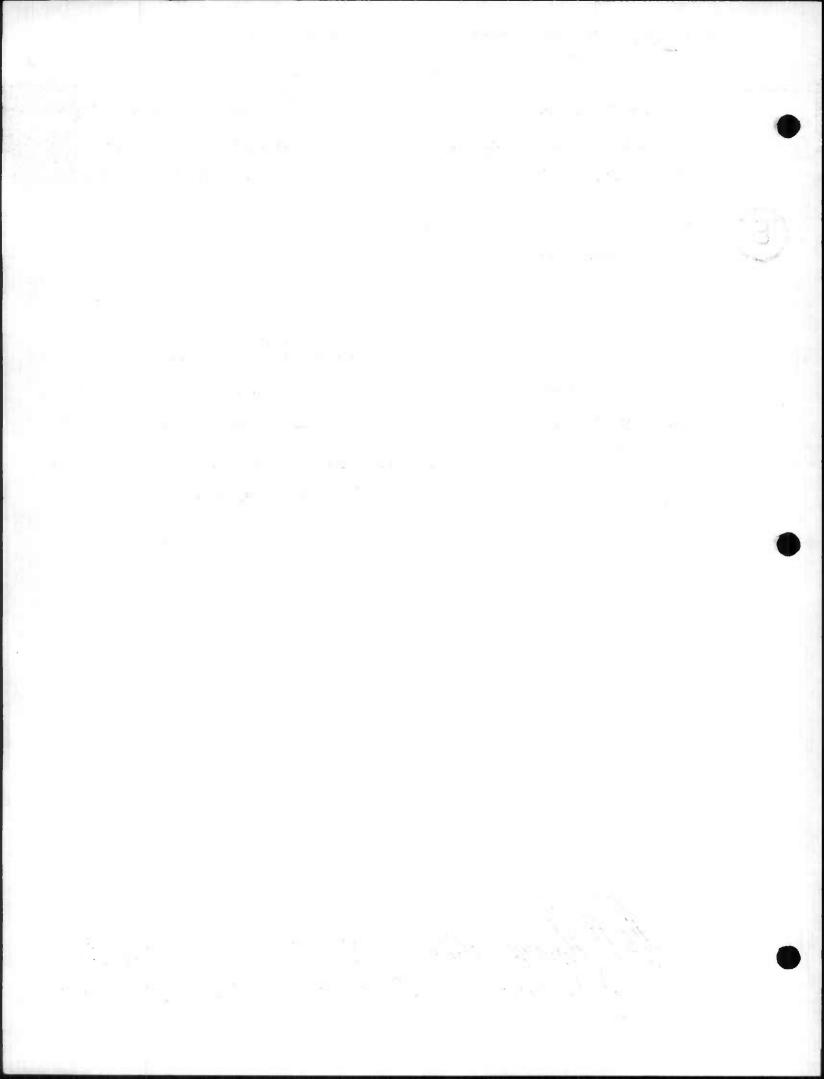
Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Deta of Deeth 3. Time of Death Month **Physician** RICHARD BRUCE BROWN 1996 MAY 11, 2:45AM /Medical 4a. Fecility Nema (If not institution, giva street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Washington Adventist Hospital Takoma Park Montgomery If Undar 1 Yaar If Under 24 Hrs. Months Deys Hours Min. 5. Sociel Security Number 6. Sax 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Deys 1 XM 2□ F Yrs. 34 Director 219-78-5386 26, Illinois Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Director Maryland Montgomery Damascus 10e. Street and Number 10f. Zip Code 10g, Citizen of Whet Country? event, the Medical Examiner must be 10605 Shasta Court 20882 USA Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 14. Reca - Amarican Indian, Black, Whita, etc. Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 72 hours after 1 ☐ Yes 2 XNo If Yes, Giva Year or Detes: 1 XNavar Married 2 ☐ Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 ☑ No Specify: White þ 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Director of Completed permit. Pages 1 and 2 should be filed within 72.h.
Department of Health and Mental Hygiene important: If team 27 is marked any injury or other the marked any injury or other the marked space. 15. Decedent's Education (Spacify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4 Sales and Marketing Banking 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumame) Be Robert Brown, Jr. Mary Helen Elliott P 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) O. Robert Brown, Jr. 12118 Hunters Lane, Rockville, Maryland 20852 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 Coremetton 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 5/18/96 Alexandria, Virginia 21. Signatura of Funeral Service Licansee 22. Neme end Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd.W. Silver Spring, mes MD 20901 23a. Part1. Enter the disease, or complications that cause the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, others failure. List only one cause on each man. Approximete Interval Between Onset end Daath **Physician** /Medical Immediete Ceusa (Final disaesa or condition resulting in death) Examiner Examiner The lew requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Diseasa or Injury Box 68760. ettending physician Physician/Medical thet initieted avants resulting in death) Lest signed by the e Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 2N No 3 Probably 4 Unknown 1 Yes by 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed peen offer death.

Director: After this certifications Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1□ Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth Certification: 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Naturei 2 Accident 1 ☐ Yes 2 ☐ No the 6 Could not be 3 Sulcida 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 24 hours e 29a. Certifier rtifying Ph Medical To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and manner as stated within 24 ho To the Fune completely f On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner steted. 29b. Signatu 29d. Date signed (Month, Dey, Year)

State Registrar

32. Registrer's Signeture

cause of death (Item 23a) (Type, Print)



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	Physic /Medi		Decedant's Nama (First, Midd SARAH		OMBERG						2. Data of t		Yaar	3. Time of Death 6:45 PM
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	Funeral Director		5. Social Security Number 305-48-7512	6. Sax 1 □ M 2 🟋 F	7. Aga (In yrs. I	ast birthday) 7 Yrs.	if Undar Months	Yaar Days	If Undar Hours	24 Hrs. Min.	8. Data of E (Month, I DEC . 1	Birth Day, Year) 8, 1908	9. Birthp Coun MICI	olaca (Stata or Foraign etry) HIGAN
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lan	of and a	•	19a. Informant'a Name/Raiation	ship (Type, Print)		19b. Maliir	ng Addrass	(Street	an <i>d Numb</i>	er or Ru	ral Routa Nun	nber, City or Town	, Stata, Zip	Coda)
Baltimore, 1	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other b once.	100	JUDY KIRSCH 20a. Mathod of Disposition 1 X Buriai / D Cramation 4 Donation / 5 Other (3) 21. Signature of Funeral Service	Specify)	State 20b. P	aca of Dispo ematary, crar EAN ME 22 DA	sition (Namnatory or oti MORIA) Nama and	a of har place GA Addras KY—	ca) ARDEN: ss of Facili GOLDE	s 5 by BERG	Deta /14/96 MEMOR]	20c. Location OLNEY,	- City or To MARY ELS,	LAND
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29d. Data signed (Month, Day, Year)
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State Registrar 30. Nama and addrass of person who N. 4 DYAL MO 31. Deta filed (Month, Day, Year) MAY 171996

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	_	Sacred Heart Ho 5. Social Security Number 6.	Sex	7. Aga (In yrs.	last hirthday	If Und	ler 1 Year	Hyattsv If Under 24 Hr			e Geon	
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h and Mer 7 is marks traumatic		19a. Informant's Name/Relationship	(Type, Print)		19b. Mai	ing Addre	ss (Stree	t and Number or F	Rural Route Numb	er, City or Tow	n, State, Zip	Code)
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State Registrar

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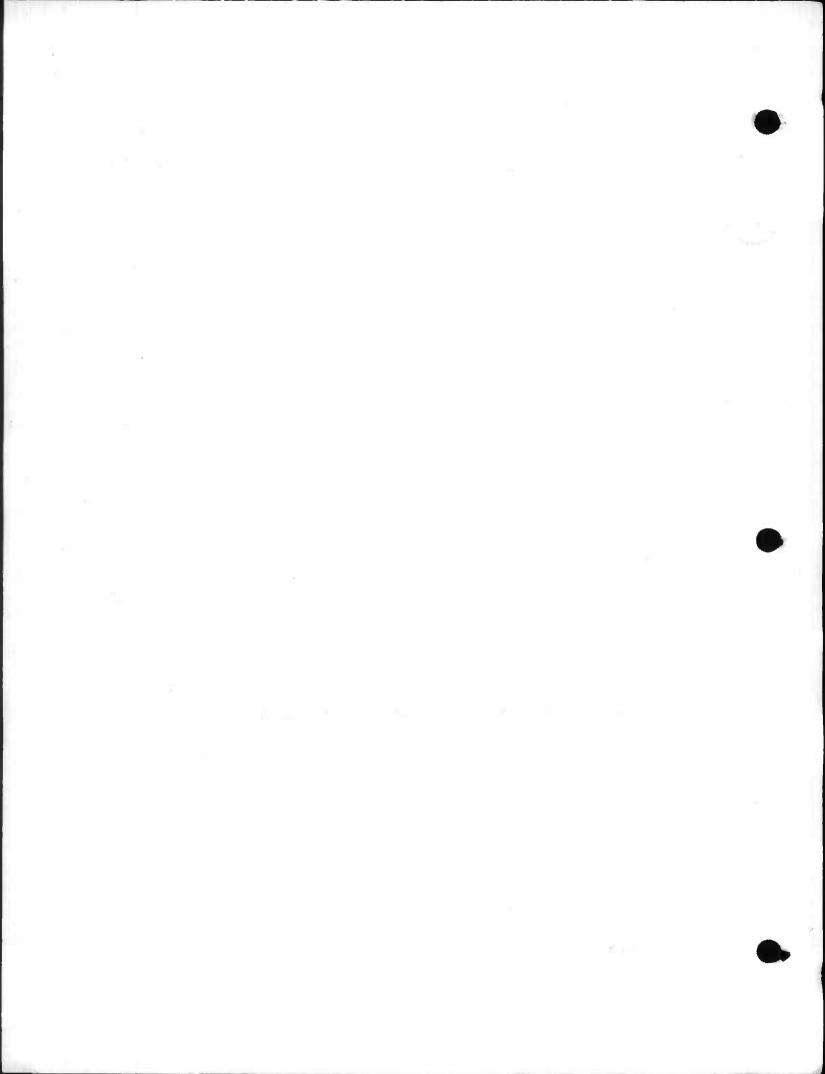
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	TE OF MARYLAN	D / DEPART				GIENE i. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA		3.	TIME OF DEATI	н		
	GEORGE, A	RTHUR.	BRO	mLA.	-1	MONTH		EAR	215	-		
	4. SOCIAL SECURITY NUMBER 5. SEX			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	TH 10	BIRTHPI	ACE (State or For	AM		
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	Se. FACILITY NAME (if not institution, give street and	•				04-23		. 121	MGP	2		
H	MEDLANTIC MANOR			Silver	R LOCATION OF DE	ATH	9c. COUNTY		TH .			
DIRECTOR	RESIDENCE OF DECEDENT						11110	N1.				
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	none none		Wasl	nington	, D.C.			-24	YES 2 []	NO		
¥	10e. STREET AND NUMBER			101	ZIP COOE		10g. CITIZE	N OF WHA	T COUNTRY?			
<u> </u>	2336 Nebraska Avenue	., N.W.			20016		υ.	S.A.				
FUNERAL	11. MARITAL STATUS 12. WA	S DECEDENT EVER IN U.S			ENDENT OF HISPAN			. RACE —	Amaricen India	n,		
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COMPLETED	12		ice deal	Ler		io	ce compar	ıy				
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, N	(aiden Surname)	-		_		
	Arthur Bromley				Minni	e I. St	one					
2	19e. INFORMANT'S NAME (Type/Print)		19b MAILING AL	DOBESS (Street a	nd Number or Burel 6	Bouto Alumbor City	or Town, State, Zip Co	a da l				
2	Andrew C. Fretz						Va. 221					
	20e. METHOD OF DISPOSITION	201 01										
	1 X Buriel 2 Cremetton 3 Removat from	n State cemeter	ACE AND DATE OF y, cremetory or othe	r place)	me or	DATE 2	Suitland	y or Town,	State			
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	T cea	ar niii		I y May		Sultianu	, Mu	•			
	THE STATE OF THE SERVICE EIGENSEE	2000			Funeral							
	Ames (1	2/10/					N.W. Wasi	h. D.	C. 2000	7		
23. PAB1 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	disesse or condition	basal cel	1						9 yea			
ŀ	resulting in death) a	DASAL CEL		Поша					yea	.13		
. l	_	prostatit							4 yea	rs		
2	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CO										
ج ا	cause. Entar UNDERLYING	colonic p	olvos									
ĭ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO							-			
₹	resulting in death) LAST								İ			
CERTIFICATION	d,								-			
ا ب	PART II. Other significant conditions contr	ibuting to death but r	not resulting in	tha underlyin	cause givan in		AS AN AUTOPSY		RE AUTOPSY FIN			
3							ERFORMEO?	CC	AILABLE PRIOR T EMPLETION OF C			
PHYSICIAN: MEDICA						_ '	23 2 QQ NO		DEATH?			
2	DID TOBACCO USE CONT	RIBUTE TO CA	AUSE OF I	DEATH Y	ES T NO	X		1 1	YES 2 N	0		
Z	25. WAS CASE REFERRED TO MEDICAL				ACE OF OEATH (Chi	ock only one)						
3		PITAL: patient 2 ER/Outpaties	2 000	STHER:					-	_		
		ie. OATE OF INJURY	28b. TIME (e 5 Residence		y) HOW INJURY OCCU	DEO.				
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK?	zeu. DEŞCRIBE I	NOW INJURY OCCUP	TEO				
5	2 Accident Investigation	DI ACE OF IN SIDY	As home does not									
3	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	At nome, term, stre	Het, ractory, offic	'	City or Town,	Street and Number or State)	Rural Rout	e Number,			
<u>.</u>												
로 [29e. CERTIFIER (Check only	the best of my knowledge	e, death occurred	at the time, date	end place, end due	to the cause(s) er	nd manner es stated.					
COMPLEIE	2 MEDICAL EXAMINER: On the	e beels of examination en-	d/or investigation,	In my opinion, d	eath occured at the	time, date end ple	ce, end due to the d	ceuse(s) er	nd manner es st	ated.		
ויי	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	MBER	29d. DATE S	IGNED (M	onth, Day, Year)			
۱ ۵	M-Wajerd	10			7723	217) C	1/2	101			
2	30. MAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH		rint)	1/36		1. 2/	1)(7			
	12106 Georgia Ave.								(
		REGISTRAR'S SIGNATUR			_							
		ili Davolesor										
		WA WILLIAM	Carlines.									
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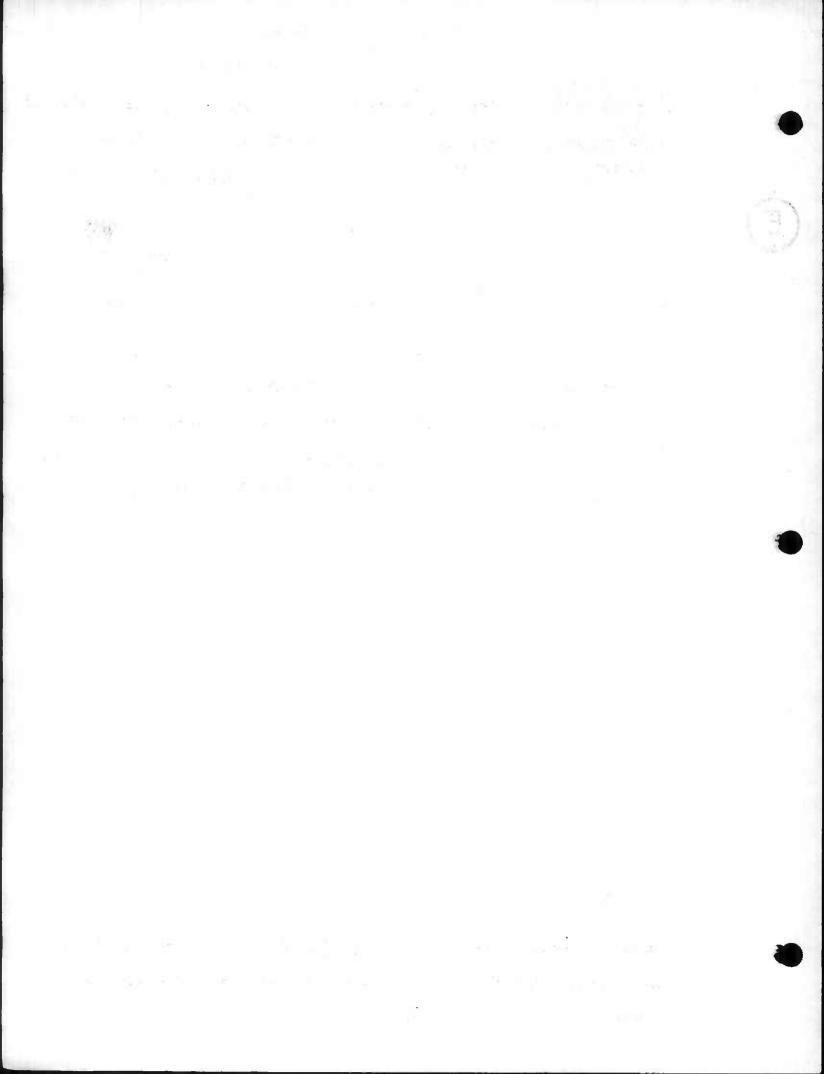
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State of Maryland / Department of Health and Mental Hygiene

15982

							Cei	tificat	te of	Death			Reg. N	lo.		
	-7	1. Decedent's Nam	ne (First, Middla,	Last)			1					2. Date of D				3. Time of Death
Physic		MAN	VÀ 1	herce	odos		KA (oro	A			Month	, D	ay	1996	0905A
/Med		4a. Facility Name (0110	0 / 0		4h City To	own, or Li	ocatton of Dea	ath 4	c. County		-/00
Exami	ner															
		SHADY	GROVE Number	ADVEN	TIST	HOS	PITA	I.	r 1 Yaar	ROCK If Unda					GOME	
Funeral		5. Social Sacurity N 581-88-1		1 M 2 X			Yrs.	Months		Hours	Min.	8. Date of B	ey, Yea	r)	9. Birthp	lace (Stata or Foreign try)
Director						85	113.					May 1	1, 1	910	New	York
- 1		Usuat Residence of 10a. State	10b. County		1	10c. City.	Town or Lo	cation			-				1/	0d. tnside City Limits
L 3/11			,						C							1 ⊠ Yes 2 □ No
上記記	Sct					was	hingt	-					_			
58	5	10e. Street and Nu		NLI				10f. Zij	Code				10g. C	Citizen of \	What Coun	iry?
E 22 B	Funeral Director	4419 Argyl	e rerrace,	1 W/V				200	JII				Un:	ited	State	es
. de	i e	11. Marltal Status		12. Was D	Decedant Evaluation Forces?	ar in U,S.	13. \	Vas Dece	dent of F	fispanic Or an. Mexica	igin? (Sp	ecify Yes or N Rican, etc.)	lo-		a - Amaric	
O at a di	5	1 Navar Mari	rled 2 Marrie		as 2 No					Specify		rinouri, oto.,				1(0.
5-0020 72 hours after natural, or its	by	3 XWidowed	4 Divorced	Year	or Dates:					Rica				Specify	Wh:	ite
5-0 72 h	Be Completed	(900	15. Decedent's cify only highast	Education	od)		16a. Deced	lent's Usu	al Occur	pation		ina	16b.	Kind of B	usiness/inc	lustry
E	Pig	Elementery/Sec			e_(1-4or 5+)		life. I	DO NOT u	se retire	during mos d)	SE OF WORK	ing				
and 2121 be filed within that Hygieno. d other than -	0		, (,		2		Real	tor						Real	Estat	te
d Hyging other	e	17. Father's Nama	(First, Middle, La	est)						18. Moth	er's Nam	e (First, Middl	e, Meide	n Sumen	10)	
fe and b	ToE	Marceli	ino Sol	.a						Fra	ncis	ca Ful	llad	osa		
re, Marylan 1 and 2 should be 1 Health and Mental 1 Health and Mental 1 Health and Mental 1 Health and Mental 1 Health and Mental	-	19a. Informant's N	lame/Retetionshi	p (Type, Print)			19b. Mailir	g Addres	s (Street			el Route Num	ber, City	or Town,	State, Zip	Code)
M Spirit		Adrian	A. Ba	sora			4419	ΔτανΊ	e Te	errac	e NI	W, Wash	nina:	ton	DC :	20011
Te, N 1 and 1 and Health em 27		20a. Method of Dis		301.0		20b. Plac	ce of Dispo	sition (Ne	ma of		, 141	Date	_		City or To	
Nor of the last of			☐ Cremation 3		om State		natary, crer				-	45.00				
ting time			5 Other (Spe			St.	Char					-15-96		_	аате,	New York
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours at Department of Health and Mental Hygiena. Important: If teen 27 is merked other than "naturel", or any injury or other traumetic event, the Medical Examples.		21. Signature of Fi	unarai Servica Li	cansee	0		22 F	. Name a	nd Addre Fune	ral S	ervi	ces, P	. A.			
		Cil	een 7	J. K	0.194	P	9	133 G	ist	Avenu	e. S	ilver	Spri	nq.	MD 2	0910
		23a. Part1. Enter t	the disease, or c	omplications th	at causad th	ne death.										Approximate Intarval Between
Physician		orroom, or made	arrianoro. Elector	nty ona oaosa c	on adon into.	•									i	Onset and Death
/Medical		Immadiate Cause (Final disease or condition Aspiration Preumonia												İ	3 DAys	
Examiner		Immadiate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Cerebral Vascular Accident													301173	
	ē	_ Cerebral Vancular Accident													1	UDAYC
58760, icete be executed physician end street is the buriel-transit	edical Examiner	Convention had a	melhina a	b			s a consec				1	Cock			i	[1,11] 2
x 68760, entiticate be executed fing physician end se es the buriel-transit	EX	Sequentietly tist co if any, leading to in cause. Enter Unde Cause (Disease or	mmediata		50	0 10 (01 6	3 & 001300	uerioa (ii)	•							
76(e be sicia	cai	Cause (Disease or that Initiated event	r injury	C	Du	in to for a	s a conseq	uanaa afti								
68760, ifficete be ex g physician es the buriel		rasulting in daath)	Last		50	a to (or a	is a conseq	delice oi).								
	3			d						_						
Box 6 eath certific	Physician				0.1750.787			C.A.Th.				F				
P.O. the the de by the deteched	ysi	Part tt. Other signi	ficant condition	s contributing to	o death but r	not result	ing in the u	nderlying	cause giv	ven in Part	I.			An		the cause of death?
P.O het the												16	Yes	2 No	3 Prot	bably 4 Unknown
res the signed to be de	by												22474	9-1		
Cord	ted												s an aut formed?		ava	ere autopsy findings allable prior to
Peco Blew r hes be	pie														of e	mpletion of cause death?
Il Records, P.O. Bo The lew requires that the death of the been signed by the etten page 2 should be deteched for un	Completed											10] Yas	2.No	10	Yes 2 No
Division of Vital Records, or Attending Physician: The lew requires the first death. Director: After this certificate has been signed in by the funeral director, page 2 should be to	Be C	25. Wes case refer	rred to medical							26. Plac	e of Deat	h (Check only	one)		1	
Vision of Vita Attending Physician: of death. ector: After this certificity the funeral director,	To	examiner? 1 ☐ Yes 2 🔁	No	Hospitat:	∠tnpatient	2∏FI	R/Outpatier	t 3 D	OA Oth	nor:		me 5□Re		6 DOtt	er (Snecih	v)
Phys arthis eral di		27. Manner of Dear	•		ate of Injury Month, Day Y		8b. Time of		28c. injui Woi			28d. Describe				,
On ding F	읖	1 ☑Naturai 2 ☐ Accident	5 Pending tnvestiga		Month, Day Y	rear)	tnjury	M		rk? ∣Yes 2.⊑	No					
isi dea dea y the	lica	3 Sulcide	6 Could no	t ha	lece of thium	- At hom	e farm str	eet factor	v office			28f. Location	(Street	and Numl	oer or Rura	I Route Number,
Division or Attendin effer death. Director: Af d in by the fu	Certification:	4 🗌 Homicide	determin	ed bu	lece of tnjury uiiding, etc. ((Specify)	0, 141111, 00	oot, idotoi	y, omou			City or T	own, Ste	ite)		
Div To the Hospital or A within 24 hours effer To the Funeral Dire completely filled in b	Ö	29a, Certifier	AM Cartifulna	Dhyelelen, To	the best of a	mar lemmand	adaa daash		at the sta	ma detale	أ ما سامات			(a) and m		lated .
Hos 24 ho Fun tely	edicai	(Check only one)	1 Certifying 2 Medical Ex	camtnar: On the	e basis of ex	xaminatio	edge, deatr n and/or inv	occurred estigation	at the tir n, in my c	me, date al opinion, de	no piaca, ath occur	and due to the red at the time	e ceusei e, dete a	(s) and ma nd ptace,	anner as st and due to	the cause(s)
하는 하는 다	Mec		d state of constition	and if	nanner state	Ισ.		20	a Lianna				204 5	Note elem-	d /Adamsh	Day Vaarl
5 tř tř		29b. Signature and	title of cartifiar	0				29	U. LICONS	se number	1		290.	A V	d (Month,	Joy, Tealf)
1		10	-c- 4		2-	2	m	1)	VЧ	186	6		17)	17	101	1776
6		30. Neme and add		ho completed o	ause of dee	th (Item 2	3a) (Type,	Print)	_			10.0	,			200
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St	ate	31. Date fited (Mon	A CONTRACTOR OF THE PARTY OF TH	32	2. Registrar's	s Signatu	re									
Regist	rar	MA	Y 14 199	16 All	Mud	sorka	A CAR									
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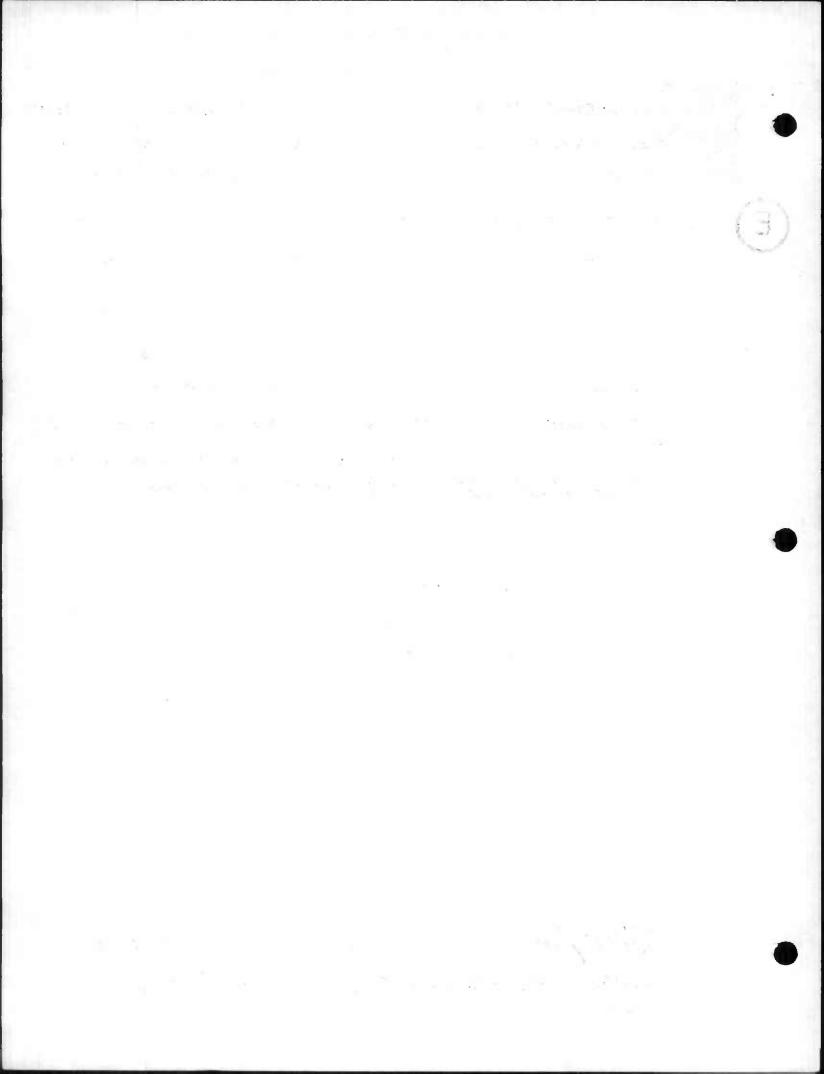


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State of Maryland / Department of Health and Mental Hygiene

15983

				Ce	rtificate	e of L	Death			Reg. No.		10000			
	1. Decedent's Name (First, Middle	cedent's Name (First, Middle, Last)							2. Date of De Month	eeth	Vess	3. Time of Death			
Physician Evelyn Connolly BARCUS										1996	Year	1:54AM			
Medical xaminer	4a. Fecility Name (If not institution					4	b. City, To	wn, or Lo	caflon of Deal		of Deeth	1 · 24AV			
Hilliel						1	Lanh	o.m.				man ! a			
	Doctors Comm 5. Social Security Number	6. Sex	7. Age (in yrs.	lest hirthdev)	If Under	1 Yeer	Lanh If Under		8 Date of Ri		e Geo:				
il r	212-09-5584	1 □ M 2 🔀 F	82	Yrs.	Months	Deys	Hours	Min.	8. Dete of Bi	ay, Year)		Birthplece (State or Foreign Country)			
	Usuel Residence of Decedent		02						Nov.23	3,1913	Maryland				
	10e. State 10b. County		10c. Cit	y, Town or Lo	cation						10	d. Inside City Limits			
5	W1 D1		1.							1 ☑ Yes 2 ☐ No					
Director	Maryland Prince	reenbelt													
			10f. Zip Code						10g. Citizen of What Country?						
Funeral	2T Gardenway	20770						U.S.A.							
Jne	11. Maritel Status	,S. 13. Was Decedent of Hispenic Origin? (Specify Yes or If Yes, specify Cuben, Mexican, Puerto Rican, etc.)						No- 14. Raca - American Indien, Black, White, etc.							
		led 1 ☐ Yes If Yes, Gi		1 ☐ Yes 2 ☑ No Specify:						Specify:					
d by		3 ☑ Widowed 4 ☐ Divorced Yeer or Detes:								- Openi	Whi	te			
Completed	15. Decadent	15. Decadent's Education (Specify only highest grade completed)					etion	t of worki	ina	ustry					
호	Elementary/Secondery (0-12)	(Give kind of work done during most of work life. DO NOT use retired)					9								
5	12			Homemaker						Own Hom	Own Home				
Be	17. Fether's Neme (First, Middle, I	17. Fether's Neme (First, Middle, Last)				T T					ame (First, Middle, Malden Surneme)				
ToB	James Edward	Connolly		Mary					Elizabe	eth Boyl	0				
-	19a. Informent's Name/Reletionsh		NO. 10 CO. 100	19b. Meili	na Address	(Street a				per, City or Town,		Code)			
	Mary Barcus Sm	ııtn	20b. F	Pleca of Dispo			rive	Dav:	1dsonv:	ille, Mar					
	1 ☑ Buriai 2 ☐ Cremation	3 Removel from	State	ametery, crei	natory or of	ther plac		1	Date	200. LOCATION	ation - City or Town, State				
	4 Donation 5 Other (Sp	pecify)	St	. Pete	r's Ce	emet	ery	5/	13/96	Queenst	own, Ma	ryland			
	21. Signature of Funeral Service I	Licensee	/	22	. Name en	d Addres	os of Facilit	ly .	E	I II am a	T				
	10.114		4/							L Home,		20001			
	Ma. Part 1. Enter the offerase, or	500 University Blvd., W. Sil.Spr. Do not enter the mode of dying, such es cardiac or respiratory errest,							20901 Approximate						
(shock, or heart terfure. List	only one cause on a	each line.			,						Approximate Interval Between Onset end Deeth			
	Immediete Ceuse (Final	2								5-1					
	disease or condition resulting in deeth)	disease or condition resulting in death) a.									3 acry				
1			Due to (c	or es a consec	uenca of):		/				1	5.1			
Examiner		b. G	who	exec	1 9	mi	52 6	ul	ex			3 della			
Кап	Sequentially list conditions,	or es a consequenca of): ALEM GIST WELL or as e consequenca of): MELLINOVILLE OTE SELECT or es e consequence of):													
	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	se	ver 1	rem	orul	4/	dre s	fer	5			2 day			
Ca	thet initieted events resulting in deeth) Last	or es e consequence of):							2 day						
/Medicai			Location								3olas				
		d		Pour							+				
sician	Pert II. Other significant condition	ns contributing to d	eath but not res	ulting in the	nderlving ca	ause nive	en in Pert I	l.	23b. Did	tobacco use co	ntributa to	the cause of death?			
Physi	and a second sec	vermouning to 0	501 1101 105	y III III U		-nen Alas		•		Yes 2 No	3 ☐ Prob				
							***	ably 4 ☐ Unknow							
d by									24e. Wes en eutopsy 24b			re autopsy findings			
Completed										omed?	evei	ilebie prior to			
jd											of d	eath?			
Son									1 🗆	Yes 22 No	1 🗆	Yes 2□ No			
0	25. Was case referred to medical						26. Plece	of Death	(Check only	one)					
To B	examiner? 1 ☐ Yes 2 ☑ No	Hospitel:	Inpatient 2	ER/Outpatier	it 3□ DO	A Othe	ar:			idenca 6 □Oth	er (Specific)			
	27. Manner of Deeth	28e. Dete	*	28b. Time o						how injury occur					
0	1 🖾 Naturai 5 🗆 Pending	Injury													
Ca	3 ☐ Suicide 6 ☐ Could n			-			28f Location	tion /Street and Number or Rural Route Number							
Certification:	4 ☐ Homicide determi	ome, farm, street, factory, office 28f. Location (Street and Number or Rural Route Numb City or Town, Stete)						, IOUIS (VUITIDE),							
edical	(Check only 2 Medical E	g Physician: To the Examiner: On the b	best of my kno	wiedge, death	occurred a	in my or	e, date en	d place, e	end due to the	ceuse(s) end ma	anner es sta	ited.			
	one)		n and/or Investigation, in my opinion, death occurred at the time												
Σ	29b. Signature and title of cartifier	a.		29c. License number					29d. Date signe	-					
	/well	DM483 5-10						0 90	5						
	30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)														
	15 CEA ITTES	LANV COMPRESSION	TOTAL INGRED TO SE	. 200) (Type,	0	17	0770	0	Or Til	11 Berge	mar				
	21 Date filed (Month Day V	IVAY, C	メガログラ	ELI,	(שיוו	4	W 1 /1	_	И. 11	11 reich	TICHK	1			
tate	31. Defe filed (Month, Dey, Yeer)	32. F	legistrer's Signa	nure -											
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

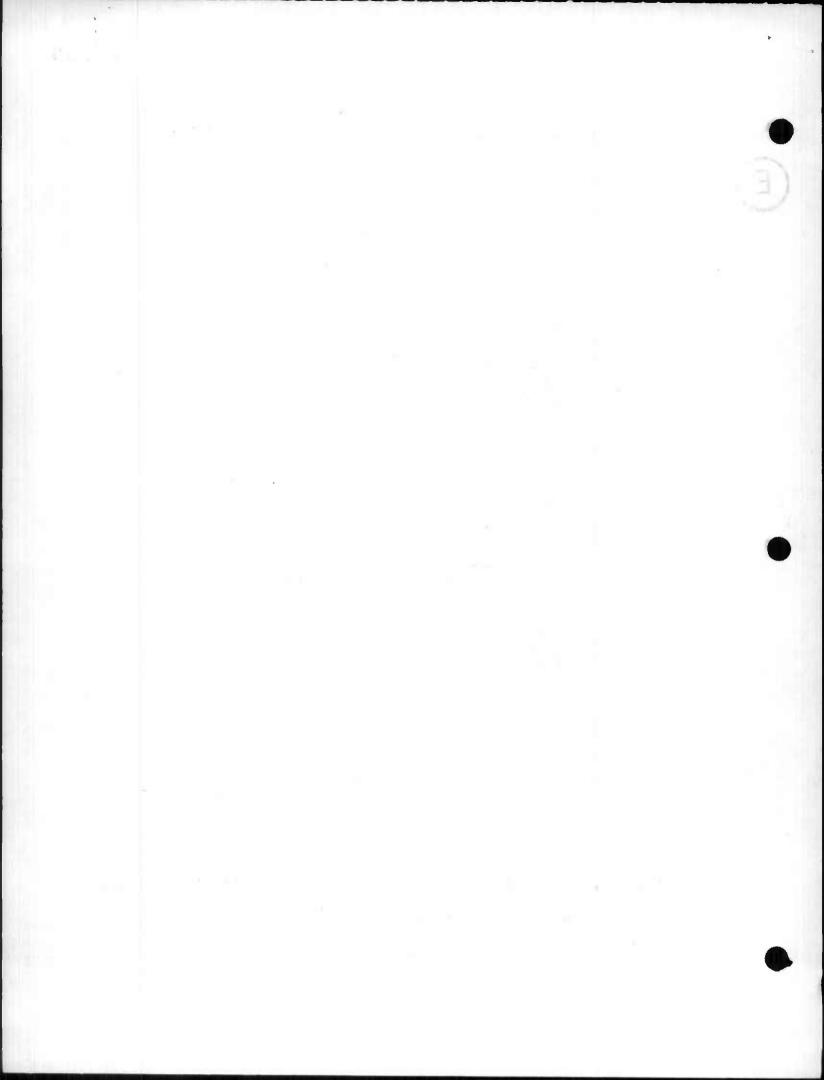
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

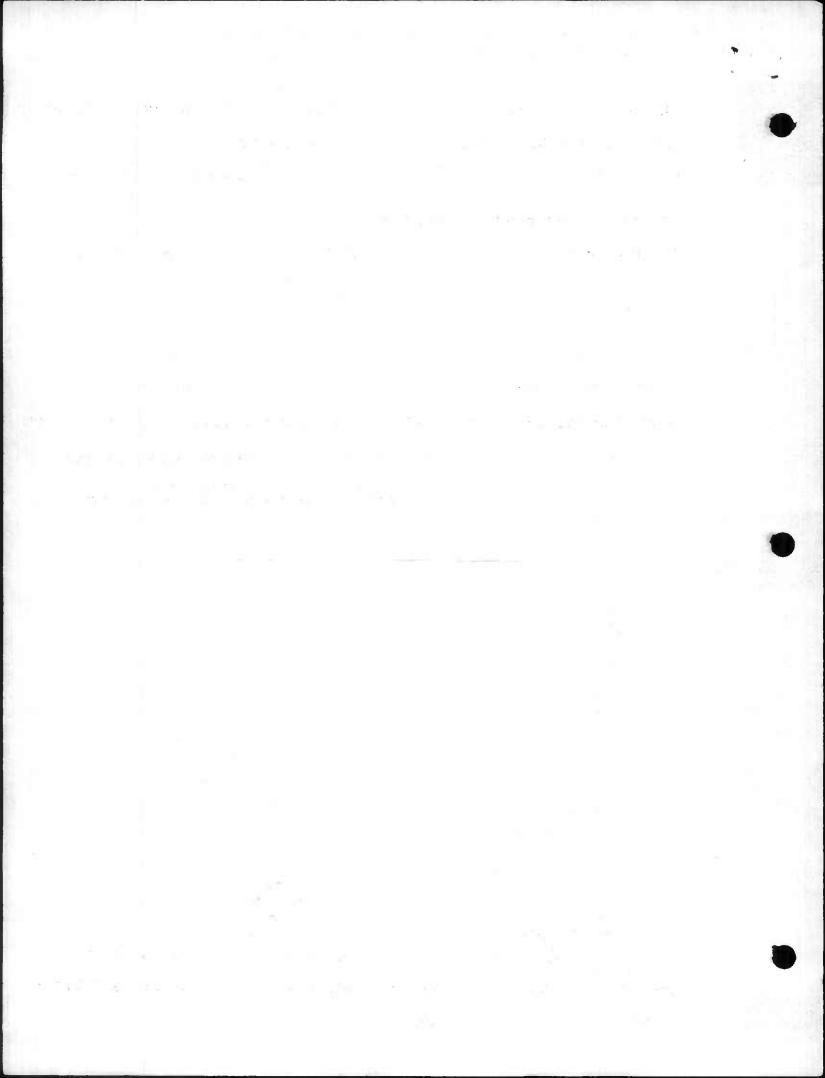
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (FIRST	DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											
4. SOCIAL SECURITY NUM	CYNTHIA	VIRGINI SEX 8	A BRI		UNDER 1 YEAR	IF UNDER 24 HRS.	MAY 1		1 BIRTH	0850 A PLACE (State or Foreign		
213-10-8863	1	1 - M 2 X F 78		YRS. MC	NTHS DAYS	HOURS MIN.	July 3:	1, 1918	Maryland			
7 Olivewood	Court	t and number)			Greent		ty of DEATH ce George's					
10e. STATE Maryland	10e. STATE 10b. COUNTY					CATION		10d. INSIDE CITY LIMITS? 1X YES 2 NO				
	Olivewood Court					101. ZIP CODE 20770				d States		
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div	EVER IN U.S. AF YES 2 X				en, Puerto Ricen,		Black,	4. RACE — American Indien, Black, White, atc. Specify: White				
(Specify on	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)			18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) homemaker			16b. KINE	DUSTRY	RY			
17. FATHER'S NAME (First, A Daniel Will		bs, Sr.					NAME (First, Middle, Meiden Surname) a Sanders Hobbs					
Kenneth B.						Court, G				20770		
1 Buriel 2 Cremati	20a. METHOD OF DISPOSITION				Ob. PLACE AND DATE OF DISPOSITION (Name of emetery, crematory or other place)			Bethesda, Maryland				
21. SIGNATURE OF FUNER	AL SERVICE LICEN	ISEE PO	20		Rapi	Funeral	es, P.A.	s, P.A. ver Spring, MD 20910				
If any, leading to imme cause. Enter UNDERLY												
PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMEC? 1 VES 2X NO									24b.	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
EXAMINER? YES 2 NO 27. MANNER OF DEATH		HOSPITAL: Inpetient 2 28e. DATE OF II (Month, Day	F INJURY 286. TIME OF			fome 5 Realdence	6 X Other (Sp. 28d. DESCRIE					
1 X Natural 5		M 1 YES 2 NO — At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)							
coneck orny	SANSKER BALLYON					late and place, and du) and menner as stated.		
Ruemus	BW	CMX	(CIV)			1L 036	JMBER 0 8886		S/13	(Month, Day, Year)		
NAME AND ADDRESS OF A DATE EN ED (Month of	Wisa	NON AV	C BL	thes o	la,	MD.						
31. DATE FILED (Month, Day	14 1996	32. REGISTRAR	uchar Ra	delle								



96-2422-510
ITEM 23 PART I, II Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. PER MEO FILM g-739 9/19/96 t. State of Maryland / Department of Health and Mental Hygiene 5/14/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth BARTON Month Day **Physician** 1996 ANGEL BURTON MAY 6 12:10 AM LEE /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 1437 NORTH BOND STREET BALTIMORE | If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | June 3, 1966 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months 1 M 200 220-86-0802 29 Yrs. Director Missouri Usuel Residence of Decedent the Meryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow r than "natural", or items 23a or 28a-f ahor the Medical Examiner must be notified at 1 Yes 2 No Directo Maryland Prince George's Riverdale 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with 5611 59th Avenue 20737 United States Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 14. Race - American Indien, permit. Peges 1 end 2 should be filed within 72 hours efter a Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Experimental Process. Bleck, White, etc. XXNever Merried 2 ☐ Merried 1 ☐ Yes 2**/**No II Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes ŽQNo White þ Specify: 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) unemployed none 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Gary Keith Barton Linda Jean Windsor 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Linda Jean Windsor (mother) 9511 East 33rd. Street Independance, Missouri 64052 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial ※ Cremetion 3 ☐ Removel from Stete Metropolitan Crematory 5/10/1996 Alexandria, Virginia 4 □ Donetion 5 □ Other (Specify) 22. Name and Address of Fecility
Donald V. Borgwardt Funeral Home, P.A. 21. Signature of Funeral Service Lice 4400 Powder Mill Road Beltsville, Maryland 20705 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete intervel Between Onset end Deeth **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical NARCOTIC AND ALCOHOL INTOXICATION Examiner Due to (or es e consequence of): Physician/Medical Examiner The law requires that the deeth certificate be axecuted physicien end s the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequença ol) Division of Vital Records, P.O. Box 68760. Due to (or es e consequence ol): attending pl signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? FATTY LIVER 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? s certificate hes b Yes 2□ No Yes 2 No Physician: 25. Wes case referred to medical examiner? Be 28. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 Yes 2□ No this funeral 28e. Dete of injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred i or Attending P efter death. Director: After i 1 Diffiature 5 Pending 1 Yes 2 No investigation - 5-96 2 Accident 6 Could not be determined 3 Suicide 28l. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece ol Injury - At home, lerm, street, fectory, office building, etc. (Specify) 4 Homicide filled in 24 hours edical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pieca, end due to the ceuse(s) and menner es stated. To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date and plece, end due to the cause(s) end menner steted. 29b. Signeture end title of certifler 29c. License number 29d. Dete signed (Month, Dey, Year) O.C.M.E. MAY 6, 1996 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Fewler 1) avid 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture MAY 14 1996 Dwelfer Radial Registrar

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

						Ce	rtificate of	Death	•	F	Reg. No.			
	1. Decedent's Neme (First, Middle, Last)							2. Dete of Dee	of Deeth 3.			e of Death		
		/Medical Craig Alan CROWL Examinor 4e. Fecility Name (If not institution, give street and number)								Month	Dey Yeer 22 1996		3:10 p.m.	
								4b. City. To	May cation of Deeth					
	Examii	Cadmine							,					
			218 Division	Avenue 6. Sex	7 Ann //n w	land birthday	If Under 1 Year	Hage	ersto 24 Hrs.	Wn_	Wash	ingt	on	
	Funeral		5. Sociel Security Number	1 M 2□F	7. Age (In yrs.	Yrs.	Months Deys	Hours	Min.	(Month, De)	e of Birth nth, Dey, Year) 9. Birthplace (Stete or Finding Country)			
	Director		215-21-5425	Λ	24	110.		1972 W	ashi	ngto	D.C.			
	pu s		Usual Residence of Decedent 10a. Stete 10b. County		10c Cit	ly, Town or Lo	ocation			<u>.</u>			10d Ineida	City Limits
	sho	5	7/		100	,,		1		es 2 No				
	Ne N	Pot		ington		Hage	rstown					Λ	00 20,10	
	E 9 8	吉	10e. Street and Number		10f. Zip Code		10g. Citizen of V	Vhet Cou	intry?					
	23a	Funeral Director	218 Division Av				217	40		U.S.A.				
	ep .	nue nue	11. Meritai Stetus	12. Wes Dece Armed Fo	edant Ever in U rces?	,S. 13.	Wes Decedent of If Yes, specify Cul	Hispanic Or ben, Mexica	cify Yes or No- Rican, etc.)		e - Ameri ck, White,	ican Indien	•	
0	of h		1 ☐ Never Merried 2 ☑ Marri		1□Yes 2√2No				Specify					
21215-0020	within 72 hours efter deeth with the Meryland ilene. Then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	1 by	3 Widowed 4 Divorced	ed 1 TYes It Yes, Giv Year or D	etes1990-	1996					эрвспу	WI	hite	
5-(72 h natu	stec	15. Decedent (Specify only highes	's Education		16a. Decedant's Usuel Occupetion (Giva kind of work done during most of work				na	16b. Kind of Business/		ndustry	
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	77 To be 345	No.	12	0	0		eant				Mili	tary	7	
pu	0 = 0 5	Be	17. Fether's Neme (First, Middle, I				18. Moth	er's Name	(First, Middle,					
<u>a</u>		To	John Lee Crowl			Mar	iorie	Ann Fe	erguson					
Maryland	SPET		19a, Intorment's Neme/Reletions	nlp (Type, Print)		19b. Mailli	ng Address (Stree					Stete, Zi	ip Code)	
	end 2 eelth e n 27 is		Teresa Crowl			219	Divisio	n A	2110	Ungarat	orm Ma	1.	- d 2	17/0
e,	一工五台		20e. Method of Disposition		20b. F	Plece of Dispo	sition (Neme of		iue	Dete	own, Ma 20c. Location -			
00	Peges nent of P ant: If Ite		1 ☐ Burial 2 ☐ Crametion		Stete		metory or other pl	•	1					
Baltimore,	255		4 ☐ Donetion 5 ☐ Other (Sp		Re		en Cemet		5/25	/96	Hagerst	own,	Mar	yland
Ba	Depariment Introducer		21. Signature of Funeral Service I	Licensee	n	100	2. Name end Addr innich F		-	0				
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н			23a. Pert1. Entar the diseese, or shock, or heert tailure. List	complications that conly one cause on e	aused the deet	h. Do not ent	er the mode of dy	ing, such es	cardiec o	r respiretory en	rest,		Approxi	nete Between
1	Physician			^			^						Onset e	nd Deeth
d.	/Medical		Immediete Ceuse (Final disease or condition	0	(0)	20			2~	m. H.				
	Examiner		resulting In deeth)	or es e consec		na	1 2 17			on n				
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	death certificate be executed e ettending physician end of for use es the buriel-trensit	Examiner	Conventinity list annulations	or es e consequence of):										
ć	n en fel-tr	EX	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseasa or injury	00 0 0011300	querios ory.									
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68	ficet phy s th	Medical	resulting In deeth) Last				r es e consequence of):							
×	leath certific ettending p													
Bo	etter for u	Physician												
o	the dr	ysi	Pert II. Other eignificant condition	ulting in the u	ndarlying cause g	23b. Did tobacco use contribute to the o				se of death?				
σ.	that the de ed by the deteched							1 Yes 2 No 3 Probably 4				Unknown		
JS,	8 6 8	by								***************************************				
0	v requires been sign should be	tec								24a. Wes e perfor	en eutopsy med?	9/	veileble pri	or to
Record	98 B	pje										of	ompletion of deeth?	A Cause
	0 - 0	Completed								1 🗆 Y	es 2010	1	☐ Yes 2	2□ No
Vital		0	25. Wes case reterred to medical					28. Place	e ot Death	(Check only or			- 256	
>	Physician: this certific ral director,	0	examiner? 1 ☐ Yes 2 ☐ No	Hospitel:	npatient 2 🗆	□ ER/Outpetient 3 □ DOA Other: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify)								
of		-	27. Manpal of Deeth	28a. Dete	of injury	28b. Time of Injury et Work? 28d. Describe how injury occurred								
Division	Attending I or death. ector: After by the funer	Certification:	1 ■ Naturet 5 □ Pending		h, Dey Year)	Injury		No						
S	Attender death ector: by the	lica	3 Suicide 6 Could not be					28f. Location (Street end Number or Rural Route Number,				lumber		
<u>≥</u>	3 4 4 5	Ē	4 ☐ Homicide determi						Town, Stete)					
_	pital bera													
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one) 29a. C										a(s)	
	thin the	Med											e)	
	5 × 5 × 5		290. Signature end title of certifier	_	2	290. Dete signer) (MONIN,	, Dey, Yea	9					
			history	1- (Jr.	m 056653 124116								
			30 Name and eddrass of person v	vho complated caus	e of daeth (Itea	n 23a) (Typa,	Print)	0.0	,		. 1	/		. 0
			Frederic 1	4 Kis	11 82	1 m	11	195	14h	well 1	6 14	211	ritu	un he
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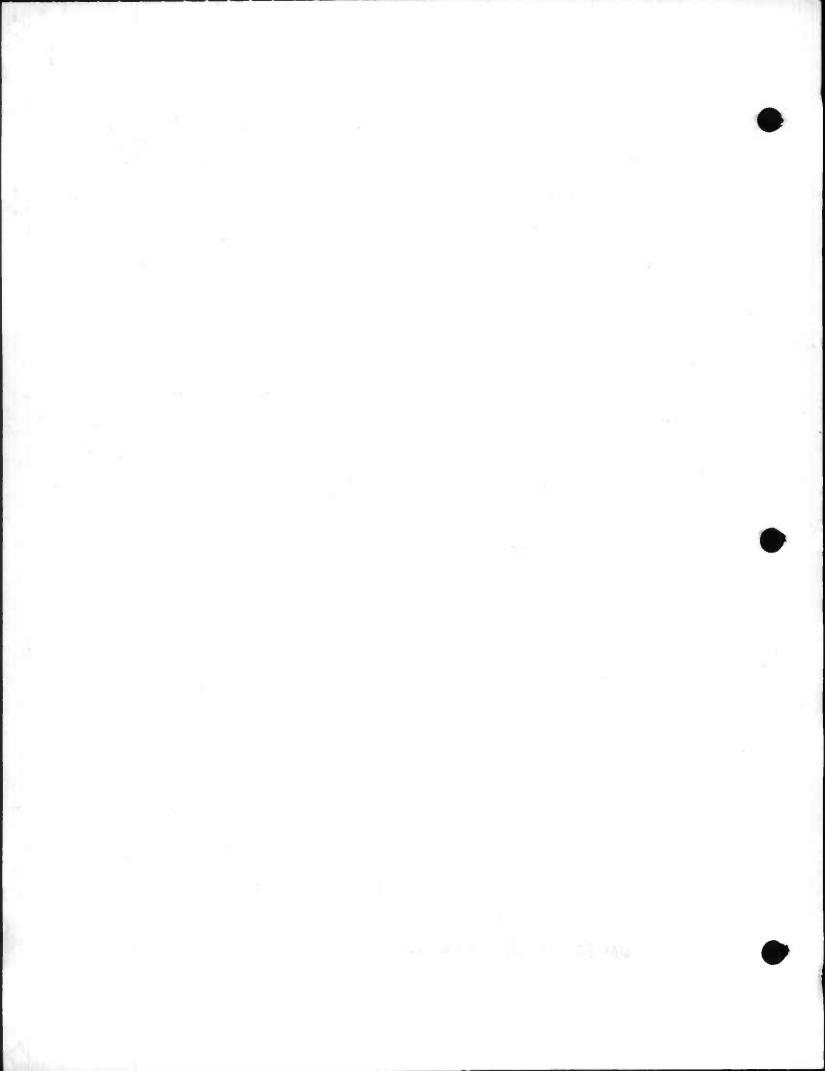
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HEALTH A	AND MENT	AL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Lest)					TE OF DEATH		3. TIME OF DEATH
	Katharine (ur	known)		Coble		NTH DA	1996	1:35 P M
			(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 2		E OF BIRTH		THPLACE (State or Foreign
	160-01-5627	□ M 2 😡 F		NTHS DAYS HOURS	MIN. (Mo	onth, Day, Year)	Cou	ntry)
	9a. FACILITY NAME (If not institution, give stree	21		b. CITY, TOWN OR LOCATION		8 1912		nsylvania
œ							9c. COUNTY OF	DEATH
DIRECTOR	Western Maryland F	lospital		<u>Hagerst</u>	own		Washi	ington
E I	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCATION				10d, INSIDE CITY
H	Maryland Washi	ngton	Нас	gerstown				LIMITS?
	10e. STREET AND NUMBER	ingcon_	Iag	10f. ZIP CODE			40- OITITEN OF	1 YES 2X NO
FUNERAL	Route 8			1.00				
Z I		2. WAS DECEDENT EVER	MILLO ADMICO	2174			U.S.	
립	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF If yes, specify Cuban,	HISPANIC ORIG Maxican, Puerte	NN? (Specify Ves o Rican, etc.)	or No— 14. RA	CE — American Indian, ck, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR	OATES	1 TYES 2 NO	Specify:		Spe	icity:
_	15. DECEDENT'S EDUCAT	ION	16a, DECEDENT'S US	111 00011011011			-	White
	(Specify only highest grade cor	npleted)	(Give kind of work	done during most of working	1	Bb. KIND OF BUS	INESS/INDUSTRY	
ا ڐ	Elementary/Secondary (0-12)	College (1-4 or 5+)						2
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0	Secr	etary		Airc		
						, Middle, Malden S		
H	Harry P. Proud					Jnknown)		
2	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number of		mber, City or Town	, State, Zip Code)	
-	Lee Downey		11211 K	emps Mill R	oad Wi	illiams	port, Md	. 21795
	20a. METHOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremetion 3 □ Remove	from State	b. PLACE AND DATE OF D	ISPOSITION (Neme of	OA	TE 20c. LOC	ATION — City or	Town, State
	4 Donation 5 Other (Specify)		metery, cremetory or other Norland C	emetery .	5/22/96	Char	bersbur	g. Pa.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE .	1	22. NAME AND ADORESS				
	· Zad	Munn	uch	Minnich F				
-	23. PART I. Enter the diseases, or con	applications that access	A Ab - do - ab - Do a	415 E. Wi	lson Bl	vd. Ha	gerstow	
	ehock, or heert failure. Lia	t only one cause on	each line.	enter the mode of dyln	g, such es ca	rdiec or respir	atory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Deeth
	resulting in death)	Pneumonia						since 5/17/96
ľ		DUE TO (OR AS	A CONSEQUENCE OF):	-				3111/30
z I	Sequentially list conditions, b.	Subarachn	oid Hemorr	hage				1988
ĔI	If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
<u> </u>	CAUSE (Disease or injury							
	that initiated events reaulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):					
CERTIFICATION	d.							
_ II	PART II. Other eignificent conditions of	ontributing to deeth	but not resulting in t	he underlying ceuse giv	ven in Pert i	24a. WAS AN	urmoney 24	b. WERE AUTOPSY FINDINGS
8	Congestive Hear			, , , , , , , , , , , , , , , , , , ,		PERFORI	/ED?	AVAILABLE PRIOR TO
	COMECSCIVE Hear	c railure,	Collia			1 - YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?
Ξ						1		1 YES 2 NO
ž I	DID TOBACCO USE CONTRIB	BUTE TO CAUSE O			RTAIN 🗆			
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DEATH (
S		N Inpetient 2 - ER/Out		THER: Nursing Home 5 Resident	dence 8 🗆 Oth	ner (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJURY AT WORK?	28d. DI	EŞCRIBE HOW IN	JURY OCCUREO	
A A	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2	NO			
	3 Suicide 6 Could not be	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, term, stree	t, factory, office	281. LO	CATION (Street at	nd Number or Rural	Route Number,
	4 Homicide determined	building, etc. (ape	scriy)		Cit	y or Town, State)		
COMPLET	29a. CERTIFIER 1 ♥ CERTIFYING PHYSICIA	N: To the burt of	wladae deeth	adam disconer			2/2-7/II	
¥	(Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: (Company)							
8		THE DESIGN OF SAMERICA	on and/or investigation, i	n my opinion, death occured	at the time, da	ta and placa, end	due to the cause	(a) and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	1.0. 1	1-	29c. LICEN	SE NUMBER		29d. DATE SIGNE	O (Month, Day, Year)
5 I	Il U. Brew	mell	Nº 17) 1/V D:	12642		5/20	/96
	Fe U. Porciuncula	OMPLETEO CAUSE OF DE	EATH (ITEM 27) (Type, Pri	n)				
	Western Maryland		Hagersto	nsylvania Ay wn. MD 2174	venue 42			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE					
	MAY 2 2 1996	Jali Asi	Rad H					
	MAT & 1330	0						OHMH-18 Rev 1/89

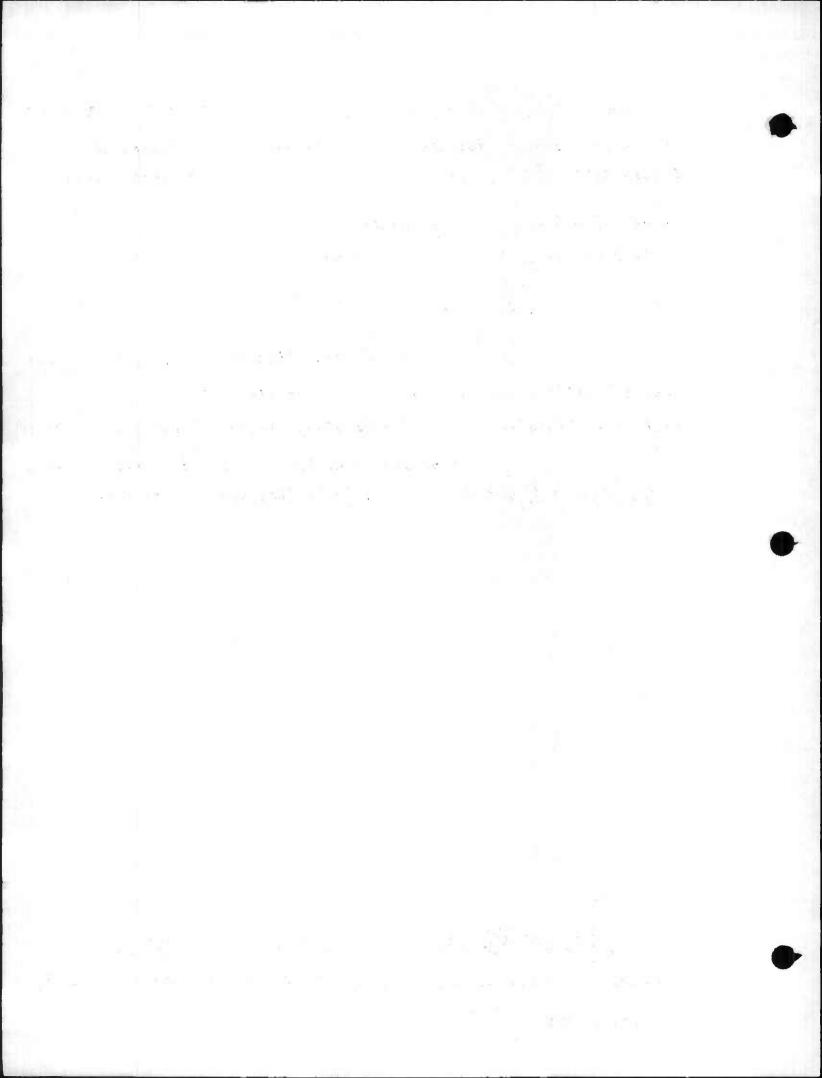


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

				Certi	ficate of	f Death		Reg. No.		
		Decedent's Nama (First, Middla, Last)					2. Data of [Death		3. Time of Death
Physic		Thomas Tennill	Chr	istian	0.		Month May	Day 1996	Yaar	10:05 A.M
/Medi Exami		4a. Facility Nama (If not Institution, give street and number		TPOTATI	g_n .	4b. City, Town,	or Location of De		of Death	IIU.U) A.M
Exami	iei			,						
		Frederick Memorial H 5. Social Security Number 6. Sex 7. A	OAPLT	at hirthday)	If Undar 1 Yea	Freder If Under 24 H	Irs. 8. Data of E	Fred	eric	blace (Stata or Foreign
Funeral Director			77	Yrs.	Months Day	s Hours M	in. (Month, L	Dav. Year)	Cour	ntry)
Director		Usual Rasidance of Decedant	_//				June	8, 191	5 /	exas
Pue M		10a. Stata 10b. County	10c. City,	Town or Loca	tion				1	0d. Insida City Limits
fah.	6	7	C	1	,					1 X Yas 2 No
the P	Directo	Texas Tom Green 10e. Street and Number	Jan	Ange	10f. Zip Coda			10a Citiona at 1	MAC CONTRACTOR	
E & B	ă							10g. Citizan ot 1		ntry?
23 r	Funeral	3841 High Meadow Dri			76904				USA	
er de	L'S	11. Marital Status 12. Was Dacedan Armed Forcas	3?	i. 13. We	as, specify Cu	Hispanic Origin? ban, Maxican, Pu	(Specify Yas or It arto Rican, atc.)	14. Had Bia	e - Amaric ck, Whita,	
n 72 hours effer deeth with the Maryland "natural", or frams 23a or 28a-f show adreal Exarcines must be notified at	by F	1 Navar Marriad 2 Married 1) Was 2 If Yes, Giva] No	. 10	Yas 2 No	Specify:		Specifi	v: 111 L	ite
ural'		3 Avidowed 4 □ Divorced W C. Year of Dates	an 11		//					
72 net	Completed	15. Decedant's Education (Specify only highast grada complated)		(Giva kir	nt's Usual Occu nd of work don	a during most of v	vorking	16b. Kind of B	usinass/Inc	dustry
within ene.	du	Elamantary/Secondary (0-12) College (1-4or		_	NOT usa retir					
	S	4		Range	Conse	envatio	nist	LU.S.	. 60	vernment
	Be	17. Fathar's Nama (First, Middle, Last)				18. Mothar's N	lama (First, Midd	la, Maldan Surnan	1a)	
should be nd Mentel marked c	2	Thomas Tennill Christ	ian,	Sr.		Jenn	ie B. S	ublett		
d 2 should th and Mer 7 Is marks traumatic		19a. Informant's Name/Ralationship (Type, Print)		19b. Mailing	Address (Stree	et and Number or	Rural Routa Num	ber, City or Town,	Stata, Zip	Code)
1 and Heelth em 27 ther tr		Richard T. Christian		3512	Cemet	enu Ci	ncle -	Knoxvi	lle.	MD 2175
S 7 0		20a. Method of Disposition	20b. Pia	ace of Disposit	ion (Nama of	laca)	Data	20c. Location -	City or To	own, Stata
Peg ent T: H		1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify)	a	•		,	5/17	5 1.	/	. 7
- 독 년 글		21 Signaffire of Fuheral Service Licenses		22 N	lama and Add	rass of Facility	1)///	Jan Hi	rger	o, Texas
Depa Impo any i		BRIDE A A. WIM	ans		9-6-	T 111:1	liams F	unenal	Ham	0
		Banbana A. William. 23a. Part 1. Entar tha diseasa, or complications that cause shock, or heart tailure. List only ona cause on each	s, Ow	nen	Bruns	wick,	10 2171	uneral	n one	e
		23a. Part1. Entar tha diseasa, or complications that cause shock, or heart tailure. List only ona cause on each	od tha daath. lina.	Do not antar	tha moda ot dy	/ing, such as card	liac or respiratory	arrest,	i	Approximata intarval Between
Physician									i	Onset and Death
/Medical			ABOLI	C EN	CEPHA	COPATHY	/			1 000
Examiner		rasulting In death) a.	Dua to (or	as a consequa	ince of):				1	
D 2	nei	HEPI	477C	FAI	LURE				1	1 WEEK
nd trans	Examiner	Sequentially list conditions,	Dua to (or	as a consequa	nce of):	-			-	
an a		Sequantially list conditions, if any, leading to immediate causes. Entar Underlying cause (Disease or Injury that initiated evants	745TA	77C C	OZON	CANCE	R AA	ENOCARCIA	with	8 MONTHS
entificate be executed ding physician and se es the buriel-transit	edical	that initiated evants rasulting in death) Last		as a consequa			1	· · · · · · · · · · · · · · · · · · ·		
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0 2 2		d								
0 0 0	Physician	Part il. Other significant conditions contributing to death	but not rasult	ting in the unde	arlvino causa o	ivan in Part I.	23b. DI	d tobacco use co	ntribute to	the cause of death?
thet the de led by the a detached	'n						1	Yes 20 No	3 □ Proi	bably 4 Unknown
signed d be def	by F						_	7-110		,
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hes pa 2	Completed								of	death?
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	Ë	27. Mannar of Death 28a. Data of Inj 1 ☑Natural 5 ☐ Panding (Month, D	ury 2 av Year) 2	28b. Tima of Injury	28c. Inj	ury at ork?	28d. Dascrib	how injury occur	red	
Attending or deeth. actor: After by the fune	atic	2 Accident Invastigation	3 - 453	,,		Yas 2 No				
or Atten efter deet Director: I in by the	Hic	3 ☐ Suicida 6 ☐ Could not be datarminad 28a. Piace of Ir building, a	njury - At hom	na, farm, streat	, factory, office			(Streat and Numb	per or Rura	I Routa Number,
Olred Direct	Certification:	4 D Hornidos building, a	atc. (Specify)				City or I	own, Stata)		
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To the Hospital of within 24 hours of To the Funeral D completaly filled it	edical	(Check only 2 Medical Examiner: On the basis of and manner s	ot axaminatio	n and/or Invas	tigation, In my	opinion, daath oc	curred at tha time	, data and place,	and dua to	the cause(s)
om thing	Me	29b. Signatura and title of pertitiar			29c. Licar	nsa number		29d. Data signe	d (Month,	Day, Year)
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		100000						-///	10	
		30. Name and addrass of person who completed cause of	death (itam 2	23a) (Type, Pri	nt)	EVENTH	er 1	2000-	1 . 11	0 7/701
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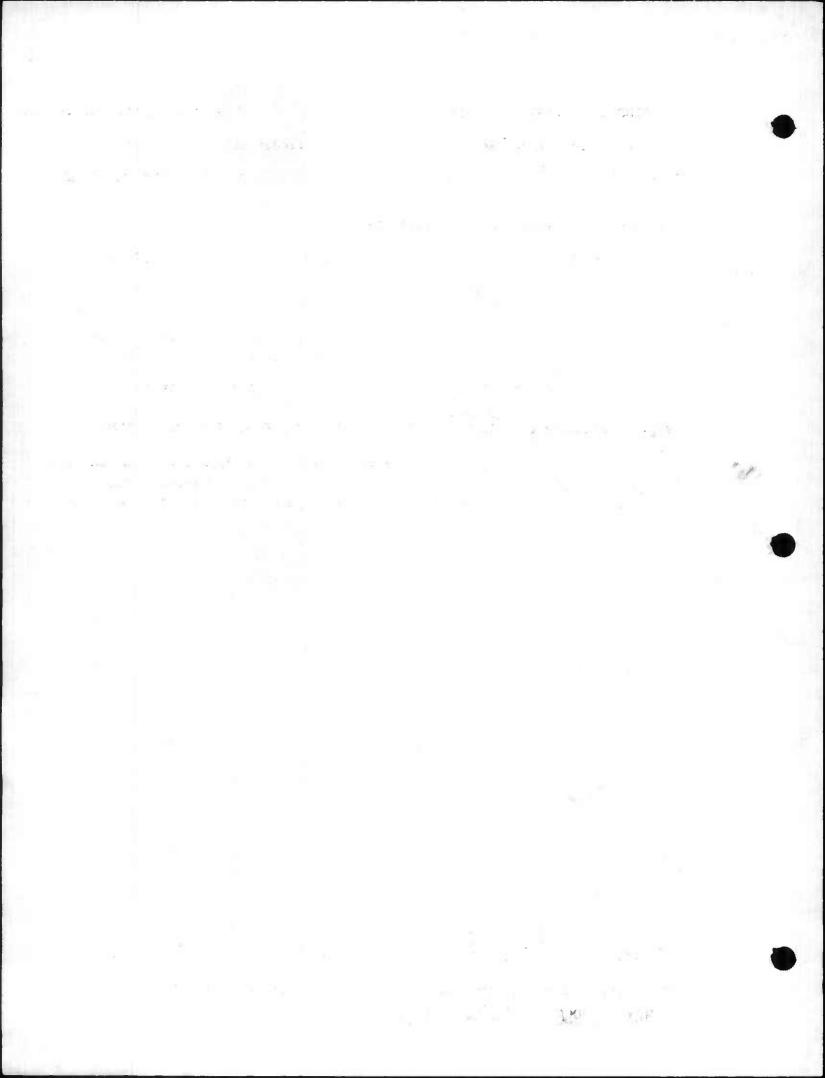
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State of Maryland / Department of Health and Mental Hygiene

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ician dical				Cei	uncare	3 01	Death			Reg. No.		
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niner	4e. Fecility Neme (if not institution,						4b. City, To	wn, or Lo	cation of Deel		inty of Deeth	12.30 1
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al		1 M 2□ F		Yrs.	Months	Deys		Min.	8. Dete of Bi (Month, De	ey, Year)	Cou.	ptece (Stete or Fore ntry)
or	216-76-9316 Usuel Residence of Decedent		36						Dec. 2	0, 195	9 Mar	yland
	10a, Stete 10b, County		10c. City	, Town or Lo	cation							10d. Inside City Lim
ompleted by Funeral Director												1 ☐ Yes 2 💢
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Director	10e. Street end Number				10f. Zip	Code				10g. Citizen	of Whet Cou	ntry?
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by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yeer or I	Detes:	1	☐ Yes 2	No	Specify:			Spe	ecify:	hite
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2			Clark	1			16	LLIC	1a	SmT	CII	
	19e. Informent's Neme/Relationsh	Ilp (Type, Print) (wife)	19b. Meilin	g Address	(Street	t and Numb	er or Rura	i Route Numb	per, City or To	wn, Stete, Zij	Code)
	Regina (Fitzpa	trick) C	lark	4710	Mt. 2	Zior	n Rd./	Fre	derick	, Md.	2170	3
	20e. Method of Disposition		20b. P	leca of Dispos	sition (Nem	e of			Dete		on - City or To	own, Stete
	1 Bunal 2 □ Cremetion = 4 □ Donetion 5 □ Other (Spi		Stete	ount 0				. 15	/15/06	Frada	riok M	aryland
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	239 Perfl. Enter the disease, or of shock, or hear feiture. List of	complicetions that	caused the deeth	. Do not ente	er the mode	of dyl	ng, such es	cardiec o	r respiretory e	errest,		Approximate Intervel Between
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Examiner		b. ———			5 -							
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Medical	thet Initieted events resulting In deeth) Last		Due to (or	es e consequ	uenca of):						1	
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se Completed	23. Tres case reterred to medical	Hospitel:	Inpatient 2	ER/Outpotton	1 3□ DO	A Ott	her:			idenca 6 🗆	Other (C	64)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

	1 - FOR STATE REGISTRAR	STATE OF MA			MENT OF H			YGIENE EG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)	John Ra	alph	Clayt			2. DATE OF S MONTH May	DEATH DAY	1996 YEA	3. TIME OF OEATH 6:00 A M
38	4. SOCIAL SECURITY NUMBER 223-14-1995	5. SEX 6	AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day April	BIRTH y, Year)	6. Bi	RTHPLACE (Stote or Foreign Junty) Torth Carolina
OR	99. FACILITY NAME (If not institution, give s 11711 Kingste					R LOCATION OF DE	EATH		ec. COUNTY O	entgomery
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE Maryland Meryland	ontgomery		10c. CITY	TOWN OR LOCAT	ion Mascus				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					ZIP CODE				1 YES 2 NO
FUNERAL	11.711 Kingste. 11. MARITAL STATUS 1 Never Merried 2 M Merried	12. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAR	YES 2	ARMED	If yee, sp	20872 ENDENT OF HISPAN Icify Cuben, Mexical 200 NO Specify	NIC ORIGIN? (S _I		r No- 14. R	d States ACE — American Indian, liseck, White, etc.
red BY	3 Widowed 4 Divorced 15. OECEDENT'S EOU (Specify only highest grade	CATION	16a.	(Give kind of w	JSUAL OCCUPATION OF MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAIN	DN .		O OF BUSIN	IESS/INOUSTR	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		iile. Do NOT use La	ndscape				dscapi	.ng
BE CO	17. FATHER'S NAME (First, Middle, Last) John Clay	ton				16. MOTHER'S NA Mau	de Lann		rname)	
TO E	190. INFORMANT'S NAME (Type/Print) Martha Ferne Da	le				r Drive,				
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLAC cemetery,	E AND DATE O	FDISPOSITION (Na Perolace) View	me of 5/14	1/96		TION — City of	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Nolcon	ath	<u>ر</u>	Olin	L. Moles Ridge R	sworth,			20872
NO	23. PART 1. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentleily list conditions,	a. OUE TO (0	on each li	Ine. CC SECUENCE OF	Art	rest	dise	1		Approximate Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	52 -	H AS A CON	SEQUENCE OF	a) Dem				3400 3
PHYSICIAN: MEDICAL (PART ii. Other aignificent condition	e contributing to d	eeth but no	ot reaulting l	n the underlying	g ceuse given in		YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
AN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAU			S NO C] UNCERTAI	N D			
IYSIC	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH	HOSPITAL: 1 Inpetient 2		3 DOA		e 5 Reeldence				
ВУ	1 Natural 5 Pending Investigation	(Month, Day,	Year)	HAN	JRY WO	YES 2 NO			Alumbar or D	oral Route Number.
ETED	4 Homicide determined	building, et	lc. (Specify)		, testory, offic			own, State)	T Nulliber of Ni	rei node (fullos),
COMPLET		ICIAN: To the best of m ER: On the basis of exe								se(e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Role	200	N)		29c. LICENSE NUI	MBER 197	:	29d. DATE SIG	NEO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WE	10 COMPLETEO CAUSE	OF DEATH (I	TEM 27) (Type,	Print)		M	0	Alan R	ohrer, M.D.
	31. DATE FILED (Month, Day, Year)	32. REGIS HAR	SIGNATUR	or Rade	À	1				

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

15991

							Cei	rtificat	e or	Death			Reg	No.			
Physician /Medical		Decedent's Neme	Ga	ry Way	yne Clu							2. Dete May	of Deeth	.996	Yeer	3. Time of 12:1	
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Funeral Director	2	Sociel Security N 232-70-65 suel Residence of	522	6. Sex 1 ∑ M 2		10 (In yrs. 16 49	est birthdey) Yrs.	If Under Months		If Under Hours	24 Hrs. Min.	8. Dete	of Birth th, Dey, Y	94M	9. Birthy Cou	plece (Stete ntry) • Va •	or Foreig
Meryland -f show fled st	10	Da. Stete Md.	10b. County	ederio	ck	10c. City	Town or Lo		n .							10d. Inside C	
vith the Mer to 28a-f si be notified Director	10	De. Street end Nun	mber			1		10f. Zip	Code				10g	. Citizen of \	Whet Cou	ntry?	
3a o		430)4 Mica	Ct.						21769				U.S	.A.		
permit. Feges 1 and 2 should be filed within 72 hours effer death with the Meryland Depertment of Health and Mental Hydrach Depertment of Health and Mental Hydrach than "natural", or them 23s or 28s-f show any injury or other traumetic event, the Medical Examiner must be notified at once. To Be Completed by Funeral Director		1. Meritel Stetus		led 11	es Decedent med Forces? X) Yes 2 ☐ f Yes, Give	Ma	-1974			lispenic Ori en, Mexicer Specify:	gin? (Spo n, Puerto	eclfy Yes Ricen, e	or No-	Bled	e - Americk, White,		
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Mental Mental articeven		Wad	de S. C	lutte	r					В	erth	a Ri	ggle				
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Hea	20	Da. Method of Disp	osition			20b. Pl	ece of Dispo	sition (Ner	ne of			Dete	20	c. Location -	City or To	own, State	
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for L	P	ert II. Other signifi	cent conditio	ne contributi	ing to death h	ut not recul	ting in the u	ndadvina o	ouen ais	on in Part		221	Did tobe	200 1100 00	ntelbute t	o the cause	of don't
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Dir Dir		3 ☐ Sulcide 4 ☐ Homicide	6 Could n determi	not be ined 286	e. Plece of Injude	ury - At hor c. (Specify)	ne, ferm, str	reet, fectory	, office			28f. Loca City	ation (Street or Town, S	et end Numb Stete)	per or Run	ai Route Nur	mber,
in 24 hours he Funeral pletely filled edical C	2	9a. Certifier (Check only one)	1☐ Certifying 2⊠ Medical E	Examiner: O		examinetic											(s)
within 2 To the comple	25	b. Signators and	title of certifier	1	·		12-	290	. Licens	se number		400	29d	. Dete signe	d (Month,	Day, Year)	-
> F 0		by der	TR.	RA	ohe	41	ND		DO9	9867				5/6/96			
	-	Alamai					00-1 ~	D.J.									
		Neme and eddre				. 75	01B M	cKaig	Rd.	, Fre	deri	.ck,	Md.	21701	-331	9	Name of the last o

Physician /Medical

Examiner

Funeral

Director

To Be Completed by Funeral Director

017	Ple	ase Type or					Assure A			ible.	15992
					rtificate				Reg. No.	0	13332
1. Decedent's Ner	ne (First, Midd	de, Last)						2. Dete of Dea			3. Time of Death
WILLI.	AM	EGAN		COL	BY			Month M A 37	Dey	Year	OOFE AM
		on, give street end n K POINT				4	b. City, Town, or L COBB I		4c. Count	996 y of Deeth RLES	
5. Sociel Security	Number	6. Sex	7. Age (In yrs.	last birthday			If Under 24 Hrs.	8. Date of Birtl (Month, Day	1	9. Birth	plece (State or Foreign
577-28-76	579	1⊠M 2□F	76	Yrs.	Months D	eys	Hours Min.	Jan. 4.		Cou	Paul, Minn.
Usuei Residence	ot Decedent									50.	radriffini.
10a. Stete	10b. Count	у	10c. Cit	y, Town or L	ocation						10d. Inside City Limits
none	non	e	Was	shingt	on,D.C.						1 ☑ Yes 2 ☐ No
10e. Street and Nu					10f. Zlp Co				10g. Citizen of	Whet Cou	ntry?
3028 D	ent P1	ace,N.W.			2	000	17		TT	C A	
11. Maritei Stetus	ent II.		cedent Ever in U	S. 13.				ecify Yes or No-		S.A.	can Indien,
1 Never Mer	ried 257 Me	Armed F			If Yes, specify	Cube	spenic Origin? (Sp n, Mexican, Puerto	Rican, etc.)	Bie	ck, White,	
3 ☐ Widowed		If Yes C	ive		1 ☐ Yes 2 💆	No	Specify:		Specia	y: Whi	te
	15 Decede	nt's Education	J 01.00.	16e Dece	dent's Usuel O	coune	ation		16b. Kind of B		
	cify only high	est grade completed		(Give		lone d	uring most of work	ring	TOD. Raild of E	103111033/11	idustry
Elementery/Sec	ondery (0-12)	College 5+	(1-4or 5+)			_ ′			C		
17. Father's Name	(First, Middle			ALLO	rney at	- 10	18. Mother's Nem	e (First Middle	Consu		
Elbridge									maradii barridi		
				10- 15-11	- Add (0		Margare		Ou 27		
19e. Informent's N							nd Number or Rui	rai Houte Numbe	r, City or Town	, Stete, Zij	D Code)
Sally Sh		Colby	00h E		Dent Position (Name		ce,N.W.	Washing			
20e. Method of Dis 1 Buriel 2 4 Donetion	Cremetion	3 ☐ Removel from Specify)	State	emetery, cre	itan Cr	r pleci	1	Dete 5-10-96	20c. Location		Virginia
21. Signature of \$	unerel Service	Licensee	11.0		2. Name end A		s of Fecility D	eVol Fur	neral H	ome	,DC 20007
23a. Parti Enter	the disease, o art feilure. Lis	or complications that it only one cause on	caused the deatl							igcon	Approximate Intervei Between Onset and Deeth
Immediete Cause	(Fine)	Drown	ning and	hypot	thermia	as	sociated	with			
diseese or condition	on	eA1	rteriosc	lerot:	ic card	iov	ascular	disease			
NOTE OF THE PARTY.			Due to (o	r es e conse	quence of):					ŀ	
		b								i	
Sequentielly ilst co	onditions,		Due to (o	r es a conse	quence of):					i	
cause. Enter Und Cause (Diseese of	erlyina	,								İ	
thet initieted event resulting in deeth)	S		Due to (or	r es e conse	quenca of):		, , , , , , , , , , , , , , , , , , , ,			1	
										1	
		d								i	
Pert II. Other signi	ficant conditi	ons contributing to	death but not resi	uiting in the u	underlying caus	e give	n In Pert i.	23b. Did 1	obacco use co	ontribute t	o the cause of death?
		1							/ee 2□ No	3□ Pro	and the same of th
								24e. Wes perfor	med?	6/	/ere autopsy findings vailable prior to empletion of cause deeth?
								íæy	es 2 No	1	Yes 2□ No
25. Wes case refe	rred to medica	af					26. Piece of Deal				
examiner?	No	Hospitel: 1	Inpatient 2	ER/Outpatie	nt 3 DOA	Othe		ome 5 Resid		ner (Sneci	WATER
27. Manner of Dea	th			28b. Time o		Injury Work		28d. Describe h			
1 ☐Neturai 2X Accident	5 Pendi invest	ng (Moi	of Injury off, Dev Year) 1:5/6/96	8:10	DA M	Work	7 'es 2 🗓 No	Fo11 f	rom car	noe i	nto water

Physician /Medical Examiner

permit. Pages 1 and 2 should be filed within 72 hours effer deeth Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Modes

Baltimore, Maryland 21215-0020

To the Funeral Director: After this certificate has been signed by the ettending physician and completaly filled in by the funeral director, page 2 should be detached for use as the bunal-transit

Physician/Medical Examiner Certification: To Be Completed

Division of Vital Records, P.O. Box 68760, within 24 hours after deeth. To the Funeral Director: After this certificate has I To the Hospital or Attending Physician:

þ 25. 27.

Medical

2X Accident 3 Suicide

4 Homicide

(Check only one)

29e. Certifier

State Registrar

29b. Signeture end title of cortifier

6 Could not be determined

29c. License number O.C.M.E

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) and menner stated. 29d. Date signed (Month, Dey, Year)

Fell from cance into water
28f. Location (Street and Number or Rural Route Number,
City or Town, State)

Near Cobb Island, Maryland

MAY 6, 1996

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

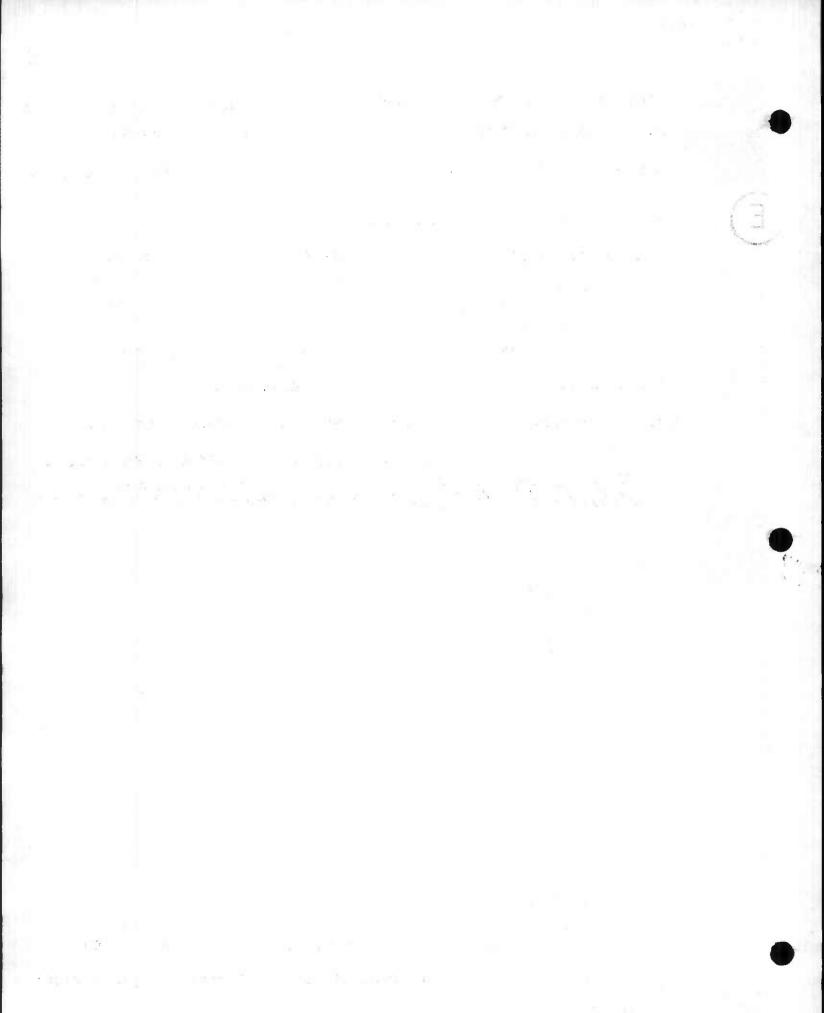
111 Penn Street, Baltimore, Maryland 21201

28e. Plece of Injury - At home, term, street, fectory, office building, etc. (Specify)

water

31. Dete tiled (Month, Dey, Year) MAY 131996

32. Registrer's Signeture Talud a Rudeon Rawlell



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

							Cei	rtificate (of L	Death			Reg.	No.			
	Dharaia		1. Decedent's Name (First, Middle	e, Last)								2. Dete of I		Day	Year	3. Tir	me of Deeth
	Physic /Medi		George Wi	lliam I)alt	on							21,	1996	1001	10	0:27 A.1
	Exami		4a. Facility Name (If not institution	, give street and n	um <i>ber)</i>				4	b. City, Tov	wn, or Lo	cation of De	ath	4c. County	of Deeth		
			275 Maplewo	od Drive						Walk	ersv	ille		F1	reder	ick	
	Funeral		5. Social Security Number	6. Sex XM 2□ F	_	e (In yrs. last		If Under 1 Y		If Under a	24 Hrs. Min.	8. Dete of I	Birth Day, Ye	ar)	9. Birthpl	ace (St	tete or Foreign
ш	Director		013-05-3229	MAM ZUF	8	3	Yrs.		_			Sept.	8,	1912	Massa	ácht	setts
	pue *		Usuei Residence of Decadent 10a. Stete 10b. County			10c. City, T	own or Lo	cation							10	Od Inei	de City Limits
	fanylan ed st	5		erick			ersv										Yes 2□No
	28a-	Directo	10e. Street end Number	SIICK		walk	ersv.	10f. Zip Coo	do				100	Citizen of I	What Coun	to/2	
	with with	ă) and						00							
	aath	Funeral	275 Maplewood I	12. Was De	cedent	Ever in U.S.	13. \	Wes Decedent	17		nin? (Spe	cify Yes or I			States		en.
	ther ther	Fun	1 ☐ Never Married 2 ☐ Marr	ed 1 ☐ Yes	orces?			f Yes, specify (Cuba	n, Mexicen	, Puerto	Rican, etc.)			ck, White,		
CE	urs a	by	3 XWidowed 4 ☐ Divorced	if Yes, G Year or	ive			1□ Yes 2√CX	No	Specify:				Specify	w: Wh:	ite	
	72 hours after death with the Maryland "natural", or items 23a or 28a-f show polical Examinet must be nothed at	Completed	15. Decadent	's Education		1	6a. Deced	lent's Usuel Oo kind of work do	cup	ation		50	16b	. Kind of B	usiness/Ind	lustry	
200-61212		ple	(Specify only highes Elementery/Secondery (0-12)	t grade completed College			life. I	kind of work do DO NOT use re	one d	tu <i>ring</i> most !)	of worki	ng					
1	d within giena. rr than	PO	12	00090	(1 101 0		Serv	ice Man	ag	er			D	iebol	ld, In	nc.	
num hand	should be filed and Mental Hygic marked other imatic event, to	Be	17. Fether's Neme (First, Middle,	Last)						18. Mothe	r's Neme	(First, Midd	lle, Maio	len Suman	ne)		
-	should be and Mental marked or umatic eve	10	George W. Da	lton						Marg	garet	Car	ey				
Ì	d 2 should th and Mer 7 Is marke treumatic		19e. Informent's Neme/Reletions	nip (Type, Print)		1	9b. Mellir	ng Address (St	reet e	end Numbe	r or Rura	I Route Nun	nber, Cit	y or Town,	Stete, Zip	Code)	
-	and asith n 27		Richard P. Da	Lton, son	1			Maplewo			e W	alker	svil	le, N	4D 2	1793	3
	of He		20e. Method of Disposition 1 □ Buriel 2 ☑Cremetion	2 Demous from	n Ctata	20b. Place ceme	a of Dispo	sition (Neme onetory or other	f plec	e)		Dete	20c.	Location -	City or To	wn, Ste	te
	permit. Pages 1 and 2 a Department of Haeith ar Important: If Item 27 Is any Injury or other treu ODGs.		4 □ Donetion 5 □ Other (S)		ii State	Hag	erst	own Cre	ma	tory	5/	23/96	На	gerst	own,	Mar	yland
	porting in it.		21. Signature of Fyneral Service	jantopa	0		22	. Name end A	ddres	s of Fecility	Stau	ffer	Fune	ral I	Homes	, P.	Α.
	89689		180000/0	U 1	hi.	200											nd 2170
			23a Party Enter the disease, or shock or heart layure. List	complications that	caused	the death.	Do not ent	er the mode of	dyin	g, such as	cardiac o	r respiratory	arrest,			Approx	cimate
	Physician			any one cause on	6	7									1	Onset	ei Between end Deeth
	/Medical	П	immediate Cause (Final disease or condition	L	- 0	0.6	Ca	ncer	200							8	mhs
	Examiner		resulting in death)	1		Due to (or as										7.58	18141
	D #	ner															
	end frans	Examiner	Sequentially list conditions,	D		Due to (or as	a conseq	uence of):							i		
	e and Sian a vurial.		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury												1		
	cartificata be asscuted ding physician and isa as tha burial-transit	Medical	thet initieted events resulting in death) Last	G		Due to (or es	a conseq	uenca of):			-						
	antific ling p	Me		d													
				- 0.													
	iaw requiras that tha daath as been signed by tha atter 2 should be detached for o	Physician	Pert It. Other eignificant condition	ns contributing to	deeth b	ut not resultin	g In the u	nderlying cause	give	en in Pert I.		23b. D	d tobac	co use co	ntribute to	the ca	use of death?
	nd by detac											1)	Yss	2□ No	3 Prob	ebly	4 Unknown
	ras that signed t	l by													T 045 144-		at the
	v require been si should	Completed										24a. W	rformed	ropay	ave	ailable p	opsy findings orior to n of cause
	has t	du													of c	deeth?	1010000
	The ata	S										10	Yes	28TNO	1□	Yes	2□ No
	Physician: The this certificata ral director, pag	Be	25. Wes cese referred to medical examiner?								of Death	(Check onl	y one)				
	5 00	၉	1 ☐ Yes 2 No		Inpatie		/Outpetien		Othe	4 L Nu	rsing Hor	me 5 KRe	sidence	6 □Oth	ner (Specify	1)	
	0 6 6	5	27. Menner of Deeth 1. Selature 5 □ Pending	28a. Dete	of Injui	y Year) 28	b. Time of Injury	28c.	injun Worl	/ et </td <td>1</td> <td>28d. Déscrib</td> <td>e how li</td> <td>njury occur</td> <td>red</td> <td></td> <td></td>	1	28d. Déscrib	e how li	njury occur	red		
	Attending in death. ector: After by the fune	Certification:	2 ☐ Accident Investig	ation						Yes 2□	Vo.			,			
	tar d	Ě	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicide determ	ned 289, Pled	e of Injuding, etc	ury - At home c. (Specify)	, ferm, str	eet, fectory, off	ice		1	281. Location City or 1			ber or Rura	Route	Number,
	To the Hospital or Attending within 24 hours after death. To the Funerel Director: After complately filled in by the fun																
	4 hot 4 hot fune sely fi	edical	(Check only 2 Medical I	Physician: To the lambda	e best of	of my knowled examination	dge, death	occurred et th	e tim	ne, dete end	d place, e	end due to the	e cause	end place.	anner es st	ated.	use(s)
	the the upial	Med	one)	and me	nner ste	ited.											
	5 × 5 %	-	29b. Signature end title of certifier) 1 -						number	a				d (Month, I		
			Michel	Ler	10	r /	n.o		7	101	1		m	17 2	2, 1	15	6
			30. Neme and address of person			eeth (item 23	e) (Type,	Print)									
			Dr. Michael Le					derick	St	reet	Wal	kersv	ille	, Mar	yland	12	21793
	Sta		31. Dete filed (Month, Dey, Year)	32.	Registre	er's Signeture	0	-									
	Registr	ar	MAY 2 3	1996	riva	Stucks	n-Mard	all									
MILE	8U 16 Day 6m																

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled with the State Dect, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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											9	6	15	599	4
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT					YGIEN EG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATN			3. TH	ME OF DEA	ATH
- 3		JEAN DO	DLORES D	eLASI	TTUME	ľ			Мау	16		996		1:30	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF B	IRTN		6. BIRTH	IPLACE	E (State or F	Foreign
- 1	217-28-1323	1 🗌 M 2 😾 F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day April		1933	Countr		1and	
	9a. FACILITY NAME (If not Institution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE		50,		NTY OF D		Land	
DIRECTOR	6319 Clevelandtov	n Road			Вос	nsbo	oro				Fred	leric	k		
REC	10e. STATE 10b. COUNTY	1		10c. CI1	ry, town (OR LOCAT	ION						10d.	INSIDE CIT	Υ
	Maryland Frede	erick		В	oonsb	oro						_		YES 2 X	NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF V	VHAT (COUNTRY?	
E	6319 Clevelandto	own Road					2171	L3				U.S	. A.	•	
5	11. MARITAL STATUS	12. WAS DECEDED	TEVER IN U.S. AR	MED					HC ORIGIN? (Sp n, Puerto Ricen		or No-	14. RACE	E — Ar	merican Ind	lian,
ВУ	1 Never Married 2 Married 3 Widowed 4 TDivorced		MAR OR DATES				NO NO			, att.,		Speci	lly:		
	15. DECEDENT'S EDU	CATION	I en la e						1 200 200 20				W1	hite	
TE	(Specify only highest grade	completed)	(G	ive kind of	work done use retired.)	during mo	ON ast of worki	ng	16b, KIN	OF BU	SINESS/INC	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		e Cle				No	ne					
Ö	17. FATNER'S NAME (First, Middle, Last)						16. MOT	NER'S NA	ME (First, Middle	, Maiden	Sumeme)				
BE	John Covell						Gra	ice l	1cBride						
5	19a. INFORMANT'S NAME (Type/Print)		1 -						Route Number, C						
	Kelly M. LaTorre			778 – 1	D Wen	nbley	y Dr:	ive,	Freder	ick	, MD	2170)1		
	20e. METNOD OF DISPOSITION 1 Burial 2 X Cremation 3 Ram	oval from Stata	20b.PLACE	AND DATE	OF DISPOS	SITION (No	ime of		DATE		CATION —				
	4 Donation 5 Other (Specify)		Smit	hsbu					5/16	Sm:	ithsb	urg,	Ma	aryl <i>a</i>	ınd
	21. SIGNATURE OF PUNERAL SERVICE LIK	129	eet +	7	RC)BER		DAII	CEY & S RKET SI					-	
_	23. PART I. Enter the diseases, or o	complication	at coulsed the de	ath. Do										Approxim	
	IMMEDIATE CAUSE (Final	List only of the ca	use on each line	12									ļ	Interval I Onset an	
	disease or condition resulting in death)	8) Carce										1	4 m	187
		DUE TO	OR AS A CONSE	OUENCE C	P):										
N	Sequentially list conditions,	b. OHE TO	OR AS A CONSE	OHENCE C	NE).								-		
ATI	If any, leading to immediate cause. Enter UNDERLYING	DOL 10	(OH AS A CONSE	OUENCE C	/r j:								i		
임	CAUSE (Disease or Injury that initiated events	cDUE TO	OR AS A CONSE	OUENCE C	F);								- 		
ERTIFICATION	resulting in death) LAST	d	•												
Ö	PART II. Other significant condition	na contributing to	death but not	resulting	In the U	nderivin	O CAUSA	given in	Part I 24s	WASAN	AUTOPSY	246	WEDS	E AUTOPSY	FINDINGS
CAI				o o o o o o o o o o o o o o o o o o o			g cacoo	Mirett III		PERFO	RMED?	240	AVAIL	LABLE PRIOR	R TO
					_				10	YES 2	NO		OF D	EATH?	
Σ	DID TOBACCO USE CONT	DIDLITE TO C	LISE OF DE	TLI V	EC 17	NO F	7 1164	CEDTA					1 🗌	YES 2	NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	KIBUIE IU CA			TN (Check		אוט ב	CERTAII							
C	EXAMINER?	HOSPITAL:			OTHE	R:		,							
ΤΥS	1 TYES 2 NO 27. MANNER OF DEATN	1 Inpatiant 2	ER/Outpatient 3	28b. Til				esidenca	6 Other (Spi		N II III Y CC	CUBEO			
	1 Netural 5 Pending		Day, Year)	IN	JURY M	WC	URY AT ORK?	□ MC	Zed. DESCRIE	E NOW	MJUNY OC	CUMED			
ВХ	2 Accident Investigation	20 20 122	H.A.			' []	YES 2 [_ NO							

3 Suicide

BE COMPLETED

9

d.		_												_
itlona	contributing	to	death	but	not	resulting	In	the	underlying	cause	given	In	Part	1

the underlying cause given in Part I.	248. WAS AN AUTOPSY PERFORMED? 1 YES 2 AO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		1 TES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

5/16/96

1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED 5 Pending Investigation М 1 YES 2 NO 4.4 28e. PLACE OF INJURY — At home, farm, streef, factory, offica building, etc. (Specify)

4 Homicide 29a. CERTIFIER
(Check only one)

A MEDICAL EXAMINED: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the fime, data and place, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,

D16934

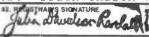
	11/2000		
			á
NAME AND ADDRESS	OF PERSON WHO COMPLETED C	AUSE OF DEATH (ITEM 27) (Time Print)	

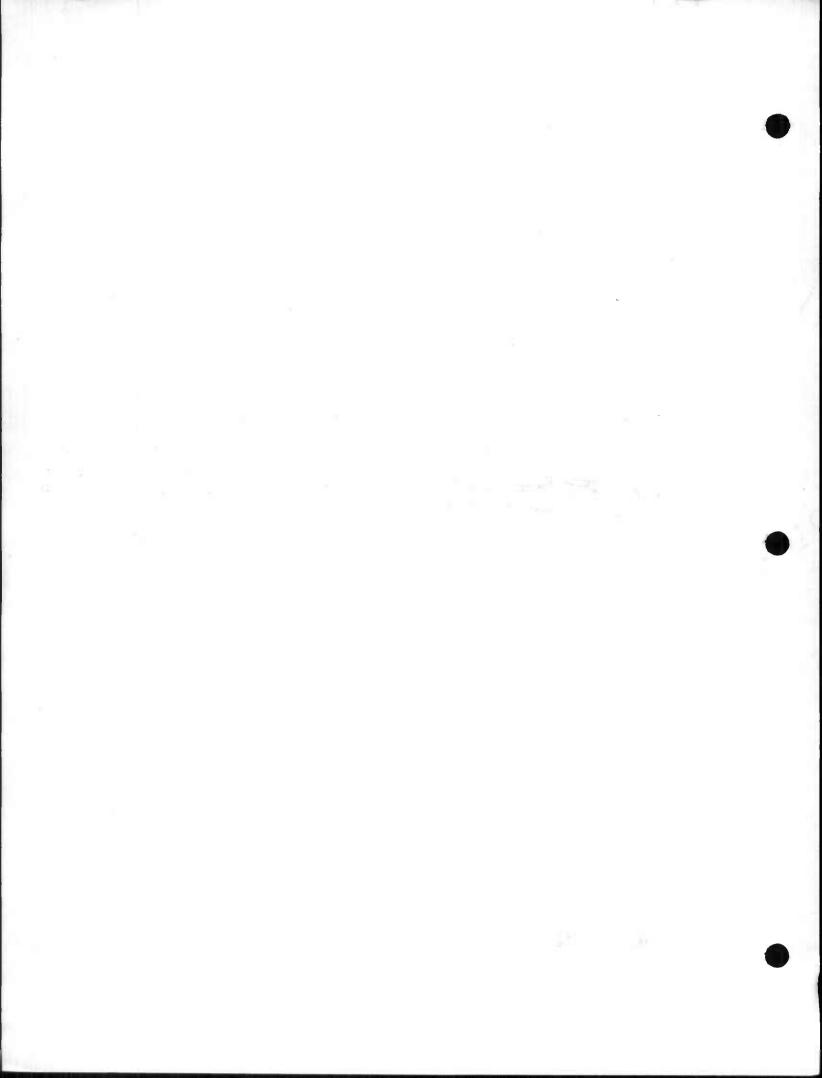
Michael R. Behre, M.D. South Church & Franklin Streets, Middletown MD 21769

31. DATE FILED (Month, Day, Year)

MAY 1 7 1936

6 Could not be determined





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

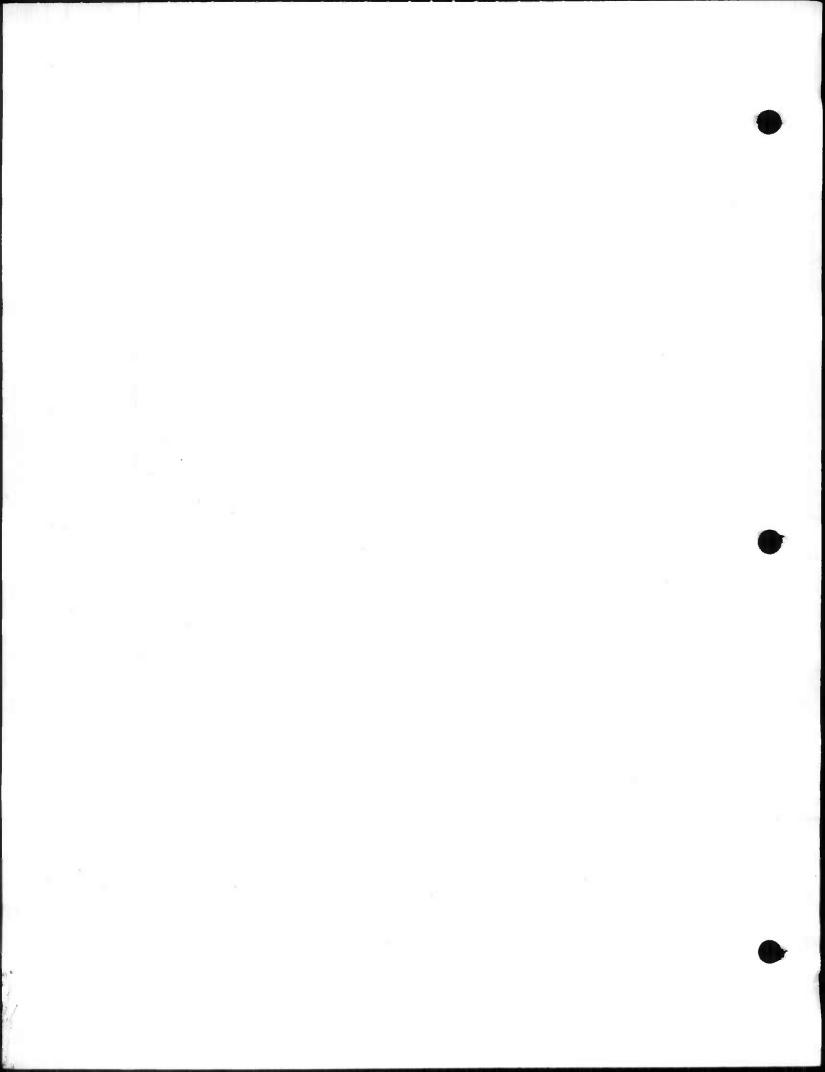
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

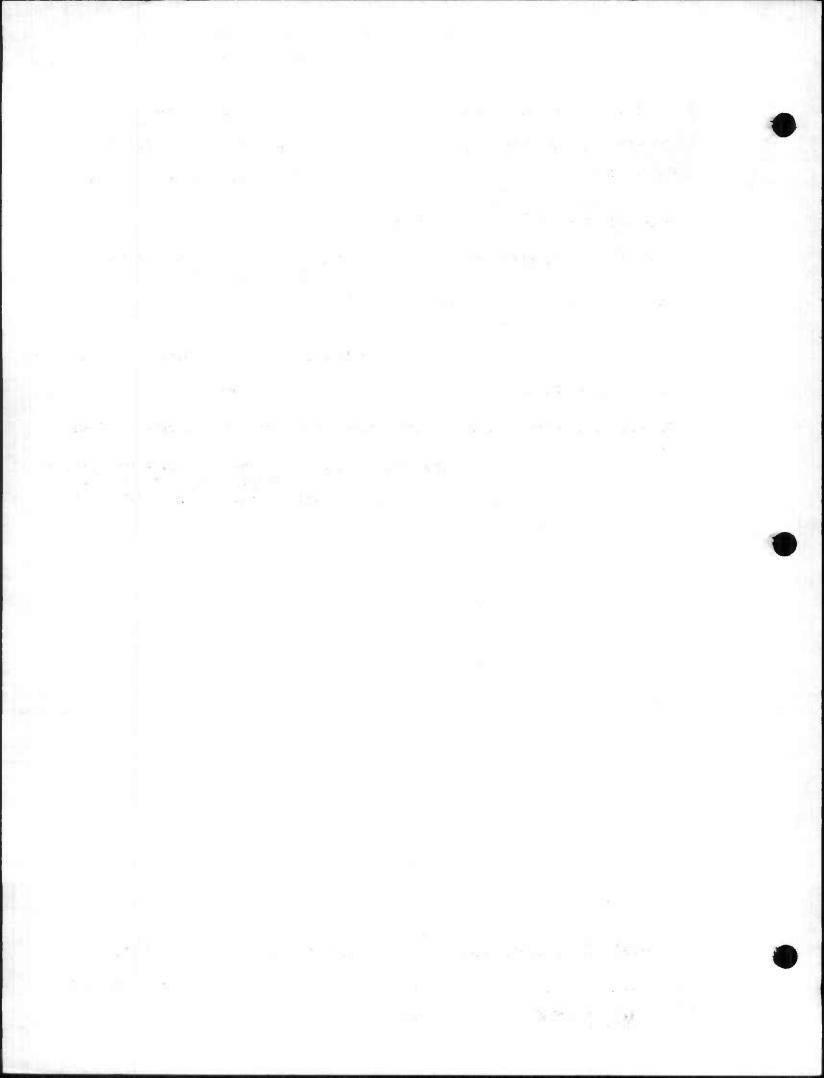
	1 - STATE REGISTRAR	STATE OF MA				F OF H			MENTA	L HYGIEN REG. NO.	E		
- S	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
	MARY	JOSE	PHINE	DUC	KETT	Г			May		996	YEAR	12:30 Pm
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	-	7. DATE	OF BIRTH		a. BIRTI- Count	IPLACE (State or Foreign
3	214-42-2999	1 □ M 2 🄀 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar		25		inois
_//	9e. FACILITY NAME (If not institution, give st					, TOWN O	R LOCATIO	ON OF DE				NTY OF D	
OH	Shady Grove A	dventist	t Hosp	ita.	L F	lock	vill	Le			Moi	ntgo	omery
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c CIT	Y TOWN	OR LOCATI	ON						
E	MD Montg	Omery			.,	svi							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Omery		1	JOTE		ZIP CODE				10a CIT	17EN OF V	1 ☐ YES 2 ☑ NO
FUNERAL	16000 Partner	ship Roa	5e				2083				US		WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARK		13.	_			IIC ORIGII	17 (Specify Yea			E — American Indian,
	1 Never Merried 2 Married	FORCES? 1		0	- 1	If yes, spe	city Cube	n, Mexicar	n, Puerto	Ricen, etc.)		Black Speci	k, White, etc.
) BY	3 Wildowed 4 X Divorced											op so	white
	15. DECEDENT'S EDU((Specify only highest grade	ATION completed)	(Gh	e kind of a	work done	CCUPATION during mos		g	16b	. KIND OF BUS	INESS/INE	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us	,	_							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		S	elf-	-emp	love				arden		ter	
	Harry Williams									Middle, Meiden	,		
#	19a. INFORMANT'S NAME (Type/Print)		196	MAJLING	ADDRESS	S (Street on				e Wal		Codel	
유	Mary Jo Ducket	t								xingt			10511
	20a. METHOD OF DISPOSITION		20b. PLACEA	ND DATE (OF DISPOS			1	OAT		ATION —		
	1 Buriel 2 Cremation 3 Remo	val from State	cametery, cren		ther place)	α			5/1				MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN		S OF FAC	CILITY		L131	·ur ij	7 1/11/
	11/m 0	West	_							Home			
	23. PART i. Enter the diseases, or c	omplications that c	aused the dea	ath. Do r	ot antar	tha mod	a of dyl	ng, such	aa can	diac or respir	atory an	reat.	Approximata
	shock, or haart failura. I IMMEDIATE CAUSE (Final	lat only one cause	on each line.		. 1	-						Server .	interval Between Onset and Death
	disease or condition resulting in desth)	Motact	atict	ani	avi	Can	espor	Ma	COM	CI COM	- M	Anu	delalminary (m
	Tooling in casein,	DUE TO (OF	R AS A CONSEO	UENCE O	7:	- Saca	Circo	011			Cyr	100003	AS ADE DIE AL COLOR
Z	Sequantially list conditions,	Kenal	Car	resi									aur-
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RTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OF	R AS A CONSEO	UENCE OF	7:								
E	resulting in death) LAST												[
5	DADT II Other significant condition												
8	PART ii. Other aignificant conditions	contributing to da	lath but not re	sulting i	n tha un	derlying	cause g	iven in F	Part i.	24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI									_	1 YES 2	ON K		OF DEATH?
	DID TORACCO LISE CONTR	IDLITE TO CALL	CE OF DEAT	11 \/					-				1 TES 2 NO
AN	DID TOBACCO USE CONTR	IBUTE TO CAUS	26. PLACE				UNC	ERTAIN	ı bri				
SICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER	1:			. (1.5)	art and			
ב ו	27. MANNER OF DEATH	28e. DATE OF IN.	JURY	28b. TIM	E OF	ing Home 28c, INJU	RY AT	idence (r (Specify)	JURY OCC	CUREO	
<u>۲</u>	1 Natural 5 Pending	(Month, Day,	Year)	INJ	URY M	WOR		NO					
	3 Suicide a Could not be	28e. PLACE OF It building, atc	NJURY — At hom	ne, farm, s	treet, fact	ory, office			28t. LOC	ATION (Street or	nd Number	or Rural R	loute Number,
	4 Homicide determined	sorroning, are	. (Opecity)						City	or Town, State)			
PLE	29s. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge, dear	th occurre	d at the ti	me, data e	nd place,	end due t	to the cau	se(e) and man	ner ee stat	ed.	
COMPLE	one) 2 MEDICAL EXAMINER												end manner as stated.
u II	29b. SIGNATURE AND TITLE OF CERTIFIER	100	[]				29c. LICEI	NSE NUMI	BER	0	29d. DATE	SIGNEO	(Month/ Day, Year)
2	Mosela	We los	Vest	M			1	132	36	9	15	5/1	1196
-	30. NAME AND ADDRESS OF PERSON WHO	OOMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)							1	1
	1000	3011	Q N1	1)									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	P. I	.0								
	MAY 1 3 199	D June	www.	inanta	16								
													DHMH.16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Cert	ificate o	of Death		F	Reg. No.		. 0000
	Bloods		1. Decedant's Nama (First, Middla, Li	ast)				100	2	. Data of Dea Month		Yaar	3. Tima of Death
	Physic /Medi		Samuel Ro	land Dors	ey					May 3,		TANAT	7:02 P.M
7	Exami		4a. Facility Nama (If not Institution, gir	va street and number)				4b. City, To		tion of Death		of Death	
			Frederick Healt	h Care Cent	er				erick		Fr	eder:	ick
	Funeral			Sax 7. Aga 1⊠M 2□F	(In yrs. last l		If Undar 1 Ya Months Day		24 Hrs. 8 Min.	. Data of Birth (Month, Day	Year)	9. Birthp	olaca (Stata or Foraign
п	Director		216-14-7/67	7	2	Yrs.			D	ec. 24	. 1923		ryland
	pu *		Usual Rasidence of Dacedant 10a. Stata 10b. County		10c. City, To	wn or Loca	ation					1	0d. Insida City Limits
	/ sho	5	Maryland Carro										1 ☐ Yas 2 ☐ No
	the the	Director	10e. Street and Number		Mt. A	arry	10f. Zip Code				10g. Citizan of V	What Cour	and and
	¥ ig	ā					- 533						
	eath F 23	Funeral	3851 W. Waters	12. Was Dacedant E	ver in II S	13 W	217		aln? (Specif	by Vac or No-	United		tes an Indian,
0	fler d	듄	1 Navar Married 2 Married	Armed Forcas?		lf.	Yas, specify C	of Hispanic Ori uban, Maxican	, Puarto Ric	can, atc.)	Blac	k, Whita,	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Meryland if Heelth and Mental Hyglena. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, its Medical Examiner must be notified at	b	3 X Widowed 4 □ Divorced	1 ☑ Yas 2 ☐ No If Yes, Giva Yaar or Datas: ₩	WIT	10	□Yas XIX	No Specify:			Specify	Whi:	te
9	2 hou		15. Decedent's E	ducation		a. Decede	nt's Usual Oc	cupation			16b. Kind of Br	usinass/Inc	dustry
215	hin 7	Completed	(Specify only highast gr Elamantary/Secondary (0-12)	ada completad) Collega (1-4or 5+		(Giva ki	ind of work dol O NOT use ret	na during mos ired)	t of working				
21	d wit	EO	12	Conega (1-40) 54	'		Police	eman			Marylan	d Sta	ate Police
pu	a filed at Hygid other	Be	17. Father's Nama (First, Middla, Last)				18. Motha	r's Nama (F	First, Middla,	Maidan Suman	na)	
/la	should be individual in marked or	To	Roland Albert D	orsey				Ne1	lie N	orwood			
Maryland	2 should be filed withli end Mental Hyglena. Is marked other than aumatic svent, the M		19a. Informant's Name/Relationship	(Type, Pnht)	19	9b. Mailing	Addrass (Stre	eet and Numbe	er or Rural F	Routa Numbe	r, City or Town,	Stata, Zip	Code)
	Heelth Heelth The 27 I		Barbara Anne Doi	mer, daught	er 1	1340	Orchard	l Way	Frede	rick,	Marylan	d 2:	1703
ore	of Heeith ifem 27 r other tr		20a. Mathod of Disposition 1 X Burial 2 □ Cramation 3 □	3.D	20b. Place cemai	of Disposi	tion (Nama of atory or other p	olace)		Data	20c. Location -	City or To	wn, Stata
Baltimore,	permit. Pages 1 Depertment of H important: If its any injury or ot ontes		4 □ Donation 5 □ Othar (Speci		Pine	Grov	e Cemet	erv	5/9	/96	Mt. Ai	rv. N	Maryland
alt	Depenti Depenti Importa any inje		21 Styroture of Funeral Service Lies	mgoe /		22.	Nama and Ad	drass of Facilit	Stauf	fer Fu	neral H	ome.	Inc.
m	89 2 2 8	1	Man 1		0						Airy,		21771
			236. Paryl. Enter the disease, or con- shook, or heart failure. List only	cations that caused	he death. De	o not antar	tha moda of c	tying, such as	cardiac or r	aspiratory and	rest,		Approximata Intarval Between
S	Physician		algoot, or really lainters. gent only	Creations on equipme								1	Onsat and Death
И	/Medical		Immediata Causa (Final disaasa or condition	END S	STALL	= /	WER	CIR	CHO!	15		1	6 MONTHS
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	death certificate be axecuted e ettending physician and of for use as the burial-transit	Examiner	Sequentially list conditions, if any, laading to immediate	b	Dua to (or as	a consaqui	ance of):						
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0	e de the e	Physician/	Part II. Other significant conditions of	contributing to death but	not rasulting	In tha unc	larlying causa	givan in Part I		23b. Dld to	obacco use co	ntribute to	the cause of death?
<u>G</u>	res thet the de signed by the be detached i	Ph								1 🗆 Y	es 2 XNO	3 ☐ Prof	bebly 4 Unknow
	res th	by										T	
ord	The lew requires ate has been sign pege 2 should be	ted								24a. Was a perfor		av	ara autopsy findings allable prior to
ec	has b	pldu		·								of	mplation of causa death?
H		Completed								1□ Y	as 2No	10	☐Yas 2☐ No
of Vital Records,	Physician: The this certificate rel director, per	Be	25. Was casa rafarred to medical axaminar?					26. Placa	of Death (Check only o	na)		
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n	tending Ph leeth. tor: After th the funeral	ino in	27. Manner of Death 1 Matural 5 ☐ Panding	28a. Data of Injury (Month, Day	Year) 28b	. Tima of Injury	28c. Ir	njury at Vork?	280	d. Dascribe h	ow Injury occur	red	
Sio	Attending or deeth. actor: After by the fune	cati	2 ☐ Accidant Invastigatio	1			M 1	☐ Yas 2☐	No				
Division	or Attendete effector:	Certification:	3 ☐ Sulcida 6 ☐ Could not be datarminad		y - At homa, (Specify)	farm, strae	at, factory, offic	ca	281	Location (S City or Tow		er or Rura	Il Routa Number,
Ω	To the Hospital or Atte within 24 hours effer de To the Funeral Directo completely filled in by th												
	Hospital 24 hours Funeral stely filled	edical	(Check only 2 Medical Exar	nysician: To the best of minar: On the basis of e	my knowledge examination a	ge, death o	occurred at the stigation, in m	time, date an	d place, and th occurred	dua to the cat that that	ause(s) and ma lata and place,	annar as st	tated. tha causa(s)
	within 2 To the	Med	one)	and mannar state	ed.			ansa number					
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-			1 mm wona	and me	>		D	1461	1		2/8/	76	
			30. Name and addrass of person who				4	土2011	E	C	K. 1	7.0	- 3
			NEIL WARANDEICA 31. Data filed (Month, Day, Year)	MD 32 Backward	(4P)	IANE	Y AVE,	, - 209	1 14	EPERIC	IC MD	217	-0 ~
	Sta Registi	_	MAY A Q 10	32. Pegistrar	Signatura Signatura	Radi	2.						
	negisti	ui	##A1 V V 43	W U'			71						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3 Time of Death Month **Physician** Robert Paul DeWolfe May 1996 6 1:45 pm /Medical 4a. Facility Nama (If not institution, giva streat end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 306 Center Deen Avenue Aberdeen Harford If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 150 M 2□ F Months 018-30-7150 Director 56 Jan. 29, 1940 Massachusetts Usual Rasidance of Decedant the Maryland 10a State 10b. County 10c. City. Town or Location r than "natural", or items 23a or 28a-f show the Modical Examiner must be notified at 10d. Inside City Limits 1 Yas 2 No Director Maryland Harford Aberdeen 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours after death with 1 Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or flems 23a or 2 angly injury or other traumatic event, the Modical Examiner must be an ence. 306 Center Deen Avenue 21001 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14 Race - American Indian Black, Whita, atc. 1 Navar Marriad 2 Married Specify: White 1 ☐ Yas 2 ☐ No Specify: p 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 0 Manager Army Air Force Exchange 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be 0 James Whalen Eileen Coolen 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 306 Center Deen Avenue, Aberdeen, MD 21001 Ruth A. DeWolfe (wife) 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a, Mathod of Disposition 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from Stata Fairview Cemetery 5/96 Westford, Mass. 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Tarring-Cargo Funeral Home, Unglesbel Aberdeen, Maryland 21001-3399 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intervel Batween Onset and Death **Physician** /Medical Immediata Causa (Finel Sarcoma - Bladder disaasa or condition rasulting in daath) Examiner Examiner The lew requires that the deeth certificate be executed ettending physician and for use as the buriel-tran Sequantially list conditions, if any, laading to Immadiata ceusa. Entar Undarfying Cause (Disaasa or Injury that Initiated evants rasulting In daath) Last Dua to (or as a consaquance of): Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): been signed by the should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ◯ Unknown þ 24b. Wara autopsy findings availabla prior to completion of cause of death? Completed 24a. Was sn autopsy performad? page 2 s certificate 2 No 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica Be 25. Was case rafarred to medical exeminar? 26. Plece of Deeth (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yas 2 No funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred Certification: 28c. Injury at Work? 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 ☐ Homicida To the Hospital of within 24 hours of To the Funeral D completely filled edicai 29a, Cartifian 1 💯 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as ststed. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

State Registrar

31. Data filed (Month, Day, Year) MAY 1 3 1996

29b. Signatura and titla of certifier

32, Registrar's Signatura Davelson Rardall

NORTH

30. Nama and address of person who complated ceusa of deeth (Item 23a) (Type, Print)

HASWELL

29c. Licansa number

D34652

BEL AIR MARYLAND

-4 Fig. 1. Company of the second

1	-	FOR STATE REGISTR	AR
Г	-	ECEDENTIA	MA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
	Mary Rose D	av				MONTH D.	1 0 0	YEAR	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	May 13,	199		:15 am M
	222 12 0217	1 🗆 M 2 🖫 F	70 YRS.	MONTHS DAY		(Month, Day, Year)	1005	Country)	
	222-12-8317 9a. FACILITY NAME (If not institution, give st	46	70						sylvania
œ		reet and number)			N OR LOCATION OF D	EATH		INTY OF DEAT	
0	6 Gerard Court			Rockv	ille		Mor	ntgome:	ry
E	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LO	CATION			1 40	d. INSIDE CITY
E I	CA Orano	re		ine/					LIMITS?
1	10e. STREET AND NUMBER			11110	10f. ZIP CODE		T		X YES 2 □ NO
RA	18 Mt. View			1	92715			IZEN OF WHA	
FUNERAL DIRECTOR	11. MARITAL STATUS	40 400 05050547 54						ted S	
F	1 Never Married 2 Married	12. WAS DECEDENT EV	YES 2 XNO	13. WAS I	ECENDENT OF HISPAI specify Cuban, Maxica	NIC ORIGIN? (Specify Yes	or No	14. RACE — Black, W	American Indian, /hita, alc.
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES	1 🗆 1	ES 2 NO Specif	y:		Specify:	White
	15, DECEDENT'S EDUC	ATION	18a. DECEDENT	LIEUM OCCUP	7.0.			<u> </u>	
1	(Specify only highest grade	completed)	(Give kind of	work done during	most of working	16b. KIND OF BUS	SINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)							
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Gradi	ate Adv	7	Acaden			
	Samuel Santucci					AME (First, Middle, Malden	,		
BE	19a. INFORMANT'S NAME (Type/Print)					Divitantoni			
6			196. MAILIN			Route Number, City or Tow			
	Ralph Nitkin					ville MD 2			
	1 St Burlai 2 Cremation 3 St Ramo	oval from Stata	20b. PLACE AND DATE cemetery, crematory or	other place)				City or Town,	
	4 ☐ Donation 8 ☐ Other (Specify)		Pacific	View Me	m. Park	5/17 Cor	ona	Del Ma	ar, CA
	21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEE			AND ADDRESS OF FA				
	9/1	1				Funeral Di		ion	
	23. PART I. Enter the diseases Dr c	omplications that car	used the death. Do	not anter tha	node of dying, suc	h as cardiac or resoi	ratory an	rast.	Approximate
	shock, or heart fellure. I	list Only Dne cause D	on each line.						Interval Between
	IMMEDIATE CAUSE (Final disease or condition	MIKTAK	TATIA	1/01/5	10.111	10.			Onest and Death
		TVIE I / I A				1-6-11	1 4 6 /		
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE	VOIV	MILL	CEU U	IN	()	7 MONTHS
_	resulting in castn)	DUE TO (OR	AS A CONSEQUENCE (VU/V) PF):	MILL	CEU LI	VCE	() ()	4 MONTHS
NO	Sequentially list conditions,				invice	CEL LI	VCE))?	4 MON MIS
ATION			AS A CONSEQUENCE (MILL	CAI	VCE))	4 MON 1715
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR		DF):	INIC	CEU LI	VCE	7	4 MON 1715
HTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE (DF):	MILL	CAI	VCE))	4 MON 1715
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE (DF): DF):			VCE		4 MON 1745
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE (DF): DF):		Part I. 24e. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

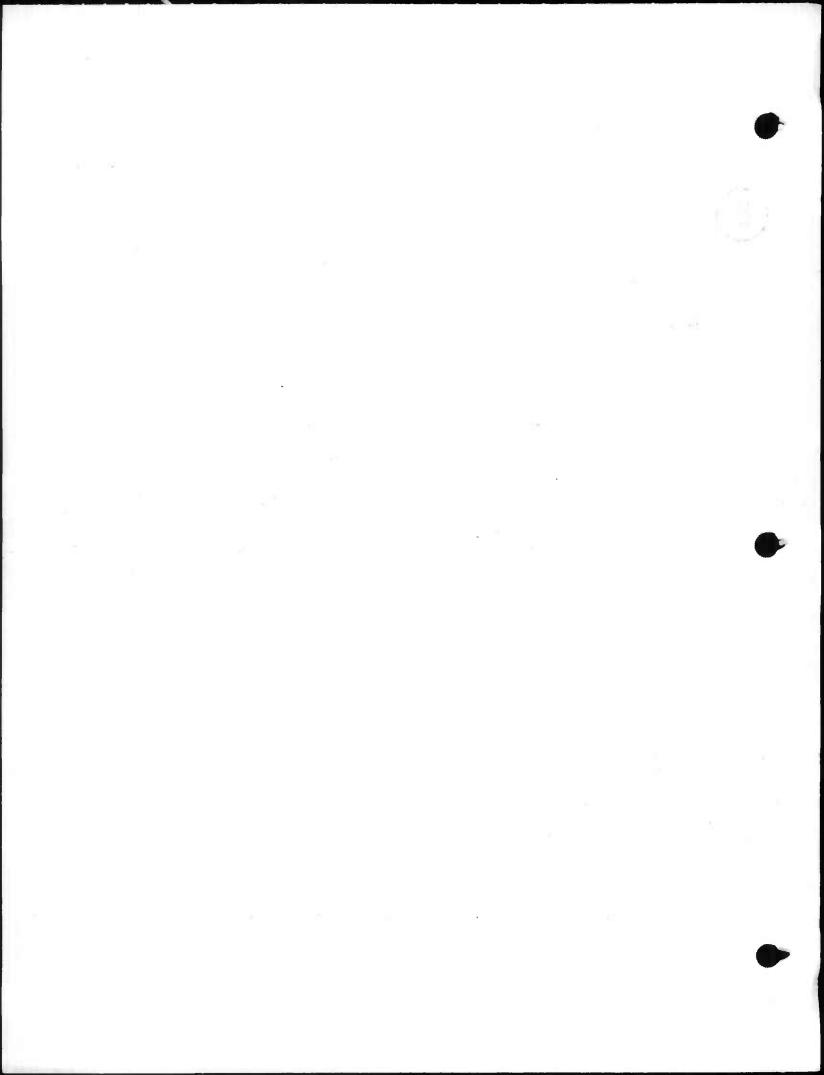
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

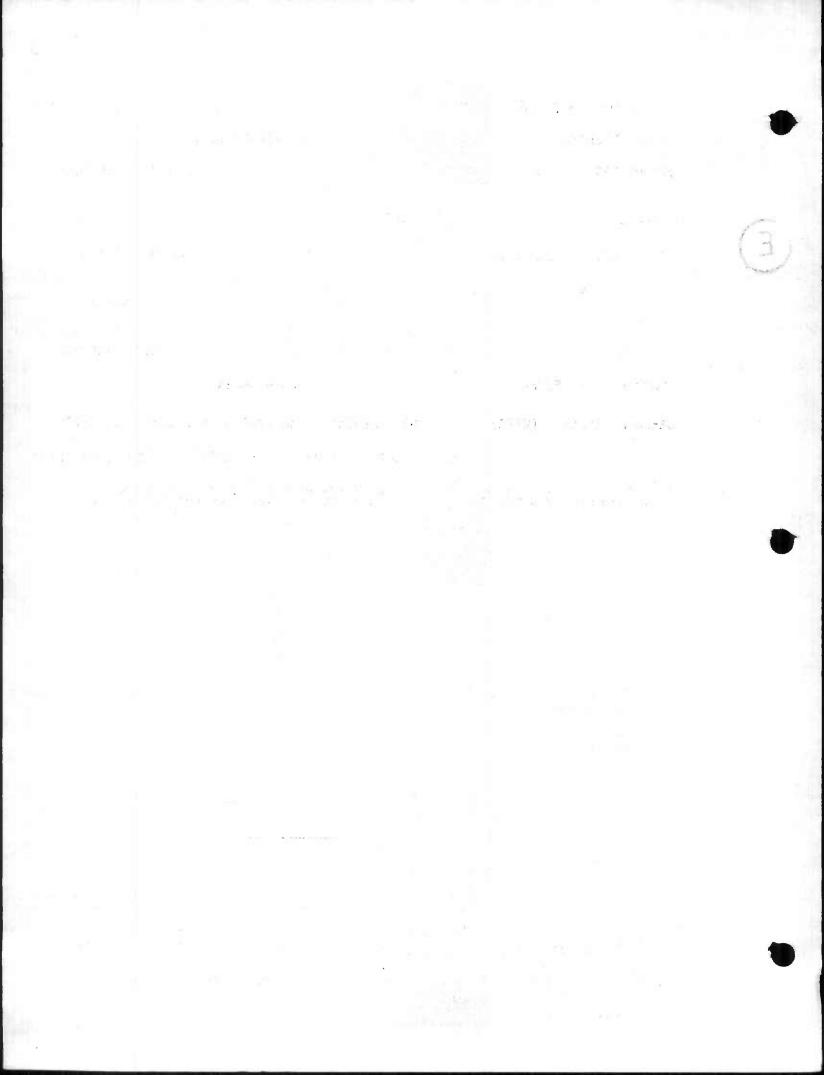
DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	RRROBERTS MD 75 0113 McK41G Rd FREDERICK Md 21701-331	COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	28a. DATE OF (Month, D) 28a. PLACE Of building, SICIAN: To the best of ER: On the best of a)	INJURY ay, Year) F INJURY — At atc. (Specify) my knowledge,	28b. TIME INJU	OTHER: 4 Nursing Hon C OF	Ne 5 Residence IURY AT PRK? YES 2 NO a and place, and du leath occured at the	8 Oth 28d. DE 28f. LO City a to the ca	er (Specify) ESCRIBE HOW I CATION (Street y or Town, State)	NJURY OCC	DIRED OF Pural Re d. cause(s)	1 YES 2 NO
II N N N K K DISER IS MU 15 WIS MCKHIG KE MKED FAICK MILL 17 11 - 2219	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	BE COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	28a. DATE OF (Month, D) 28a. PLACE Of building, SICIAN: To the best of ER: On the best of a)	INJURY ay, Year) F INJURY — At atc. (Specify) my knowledge,	28b. TIME INJU	OTHER: 4 Nursing Hon C OF	Ne 5 Residence IURY AT PK? YES 2 NO a and place, and du leath occured at the	8 Oth 28d. DE 28f. LO City a to the cr	CATION (Street y or Town, State)	NJURY OCC	d. ceuse(s)	1 YES 2 NO
31. DATE FILEO (Month, Day, Year) 32. REGISTRAN'S SIGNATURE	MAY 1 3 1996 Salia divoler Rank M	BE COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only only) 2 MEDICAL EXAMINE 29b. PISNATURE AND TITLE OF CERTIFIER	28a. DATE OF (Month, Do building, Discian: To the best of an area.)	INJURY ay, Year) F INJURY — At atc. (Specify) my knowledge, tamination and	28b. TIME INJU	OTHER: 4 Nursing Hom OF, 28c, INJ RY M 1 Iteet, 1actory, officed at the time, data i, in my opinion, d	Ne 5 Residence IURY AT PRK? YES 2 NO a and place, and du leath occured at the	8 Oth 28d. DE 28d. LO City a to the cr	cation (Street y or Town, State) suse(a) and mails and place, and	NJURY OCC and Number of	URED or Rural Ro d. cause(s)	1 YES 2 NO Dufe Number, and manner as stated. (Month, Day, Year)

